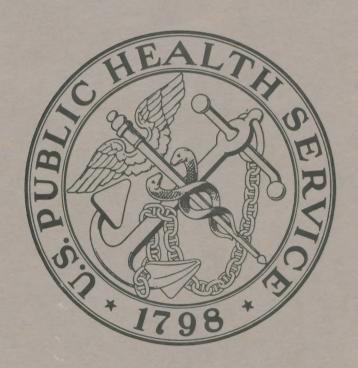
GUIDING MEDICAL STANDARDS FOR THE COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE



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U.S. Department of Health and Human Services
Public Health Service

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Authority for Guiding Medical Standards

PHS Regulation 21.24 states that every candidate for appointment as an officer shall undergo such physical examination as the Surgeon General may direct. The medical standards as outlined hereafter shall be used as guidelines in determining such qualification. These guidelines incorporate the most recent changes approved by the Surgeon General.

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Standard Form 89 (Rev. March 1965) BUREAU OF THE BUDGET CIRCULAR A-32

REPORT OF MEDICAL HISTORY

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Standard Form 89 REPORT OF MEDICAL HISTORY (REV. MARCH 1965) BUREAU OF THE BUDGET 89-105 THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS CIRCULAR A-32 1. LAST NAME-FIRST NAME-MIDDLE NAME 2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO. 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION 7. SEX 8. RACE 10. AGENCY 11. ORGANIZATION UNIT 9. TOTAL YEARS GOVERNMENT SERVICE CIVILIAN MILITARY 12. DATE OF BIRTH 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 16. OTHER INFORMATION 17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS (Follow by description of past bistory, if complaint exists) 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other)
OR HUSBAND OR WIFE 18. FAMILY HISTORY AGE AT DEATH RELATION AGE STATE OF HEALTH IF DEAD, CAUSE OF DEATH YES (Check each item) RELATION(S) NO FATHER HAD TUBERCULOSIS MOTHER HAD SYPHILIS HAD DIABETES SPOUSE HAD CANCER BROTHERS HAD KIDNEY TROUBLE HAD HEART TROUBLE AND HAD STOMACH TROUBLE SISTERS HAD RHEUMATISM (Arthritis) HAD ASTHMA, HAY FEVER, CHILDREN HIVES HAD EPILEPSY (Fits) COMMITTED SUICIDE BEEN INSAME 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) YES (Check each item) YES NO (Check each item) YES MO (Check each item) YES MO (Check each item) TUMOR, GROWTH, CYST, CANCER SCARLET FEVER. ERYSIPELAS GOITER 'TRICK'' OR LOCKED KNEE TUBERCULOSIS RUPTURE / HERNIA FOOT TROUBLE DIPTHERIA RHEUMATIC FEVER SOAKING SWEATS (Night sweats) **APPENDICITIS** NEURITIS PARALYSIS (Inc. infantile) SWOLLEN OR PAINFUL JOINTS **ASTHMA** PILES OR RECTAL DISEASE MUMPS SHORTNESS OF BREATH FREQUENT OR PAINFUL URINATION **FPILEPSY OR FITS** PAIN OR PRESSURE IN CHEST COLOR BLINDNESS KIDNEY STONE OR BLOOD IN URINE CAR. TRAIN. SEA. OR AIR SICKNESS FREQUENT OR SEVERE HEADACHE CHRONIC COUGH SUGAR OR ALBUMIN IN URINE FREQUENT TROUBLE SLEEPING DIZZINESS OR FAINTING SPELLS PALPITATION OR POUNDING HEART ROUS ERFOLIENT OR TERRIFYING MIGHTMARKS EYE TROUBLE HIGH OR LOW BLOOD PRESSURE VD-SYPHILIS, GONORRHEA, ETC. DEPRESSION OR EXCESSIVE WORRY

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WHAT IS THE LONGEST PERIOD YOU
HELD ANY OF THESE JOBS?
MONTHS 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 25. WHAT IS YOUR USUAL OCCUPATION? 26. ARE YOU (Check one) RIGHT HANDED LEFT HANDED

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		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes,	1000							
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		ANY OPERATIONS? (If yes, describe and give								
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	31,774	33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN	CHARLE HOWE							
		THOSE ALREADY NOTED? (If yes, specify when, where, and give details)								
	1 10111	34. MAYE YOU CONSULTED ON BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN	II (1972)							
		THE PAST S YEARS? (If yes, give complete	101							
		address of dutar, hospital, clinic, and details)								
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		MINOR (OLOS) (If yes, which illnesses)								
	47,200	36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE								
AR N		BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejec-	le rach Hem!							
ER. BANE TO		tion +								
		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE								
		necause of physical, mental, or other reasons? (If ves. Rice date, reason, and type of								
		descharge, u hether honorable, other								
OHIONE		than honorable, for unfitness or un- suitability)								
-	112	38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE								
		YOU APPLIED FOR PENSION OR COMPENSATION FOR EXIST-								
91		ING DISABILITY? (If yes, specify what kind, granted by whom, and what amount,								
		when, why)								
WARNING.	A FAIGE (OR DISMONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY	BE PINISHED BY FINE OR I	MPRISONMENT	/18 H S C 1001\	NAS CARCIT				
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		THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH				FOR PURPOSES OF PROCE	SSING	MY API	PLICATION FOR THIS	EMPLOYMENT OR SERVICE.
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39. PHYSICI	IAN'S SUM	MARY AND ELABORATION OF ALL PERTINENT DATA (Physician sh	all comment on all	positive a	nswers in items 2	0 thru 38)	a-d-C	- 11	SE THE THE	
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OR HUSBAND OR WIFE 18. FAMILY HISTORY RELATION ASS STATE OF HEALTH IF DEAD CAUSE OF DEATH (Check each item) RELATION(S) FATHER HAD TUBERCULOSIS MOTHER HAD SYPHILIS SPOUSE HAD DIABETES HAD CANCER HUOTHERS HAD KIDNEY TROUBLE AND HAD HEART TROUBLE HAD STOMACH TROUBLE SISTERS HAD RHEUMATISM (Arthritis) CRILDER HAD ASTHMA, HAY FEVER HIVES HAD EPILEPSY (Fits) COMMITTED SUICIDE BEEN INSAME 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) YES (Check each item) YES NO (Check each item) YES NO (Check each item) YES W (Check each item) SCARLET FEVER, ERYSIPELAS GOITER TUMOR, GROWTH, CYST, CANCER 'TRICK'' OR LOCKED KNEE DIPTHERIA TUBERCULOSIS RUPTURE, HERNIA FOOT TROUBLE RHEUMATIC FEVER SOAKING SWEATS (Night sweats) **APPENDICITIS** NEURTITS SWOLLEN OR PAINFUL IDINTS ASTRIKA PILES OR RECTAL DISEASE PARALYSIS (Inc. infantile) MINUTES SHORTNESS OF BREATH FREQUENT OR PAINFUL URINATION EPILEPSY OR FITS PAIN OR PRESSURE IN CHEST COLOR BLINDNESS KIDNEY STONE OR BLOOD IN URINE CAR, TRAIN, SEA, OR AIR SICKNESS FREQUENT OR SEVERE HEADACHE CHRONIC COUGH SUGAR OR ALBUMIN IN URINE FREQUENT TROUBLE SLEEPING DIZZINESS OR FAINTING SPELLS PALPITATION OR POUNDING HEART FREQUENT OR TERRIFYING NIGHTMARES EYE TROUBLE HIGH OR LOW BLOOD PRESSURE VD-SYPHILIS, GONORRHEA, ETC. DEPRESSION OR EXCESSIVE WORRY EAR. NOSE OR THROAT TROUBLE CRAMPS IN YOUR LEGS RECENT GAIN OR LOSS OF WEIGHT LOSS OF MEMORY OR AMNESIA RUNNING FARS FREQUENT INDIGESTION ARTHRITIS OR RHEUMATISM BED WETTING HEARING LOSS STOMACH, LIVER OR INTESTINAL TROUBLE BONE, JOINT, OR OTHER DEFORMITY NERVOUS TROUBLE OF ANY SORT CHRONIC OR FREQUENT COLDS GALL PLADDER TROUBLE OR GALL STONES LAMPRESS ANY DRUG OR NARCOTIC HABIT SEVERE TOOTH OR GUM TROUBLE LOSS OF ARM LEG FINGER OR TOP EXCESSIVE DRINKING HARIT ANY REACTION TO SERUM, DRUG OR SINUSITIS PAINFUL OR "TRICK" SHOULDER OR ELBOW HOMOSEXUAL TENDENCIES HAY FEVER HISTORY OF BROKEN BONES RECURRENT BACK PAIN PERIODS OF UNCONSCIOUSNESS HISTORY OF HEAD INJURY SKIN DISEASES 21. HAVE YOU EVER (Check each item) 22. FEMALES ONLY: A. HAVE YOU EVER-B. COMPLETE THE FOLLOWING: WORN GLASSES-CONTACT LENS ATTEMPTED SUICIDE BEEN PREGNANT AGE AT ONSET OF MENSTRUATION WORN AN ARTIFICIAL EYE BEEN A SLEEP WALKER HAD A VAGINAL DISCHARGE INTERVAL BETWEEN PERIODS LIVED WITH ANYONE WHO HAD WORN HEARING AIDS BEEN TREATED FOR A FEMALE DISORDER DURATION OF PERIODS TUBERCULOSIS STUTTERED OR STAMMERED COUGHED UP BLOOD HAD PAINFUL MENSTRUATION DATE OF LAST PERIOD BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION WORN A BRACE OR BACK SUPPORT HAD IRREGULAR MENSTRUATION QUANTITY: NORMAL EXCESSIVE SCANTY 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? 25. WHAT IS YOUR USUAL OCCUPATION? 26. ARE YOU (Check one)

MIDNERS

28 HAVE YOU E 31 HAVE YOU E 32 HAVE YOU E 33 HAVE YOU E 34 HAVE YOU E 34 HAVE YOU E 36 HAVE YOU E 37 HAVE YOU E THOSE ARE 18 HAVE YOU E TH	EEN REPOSED EMPLOYMENT OR BEEN UNABLE 100 BECAUSE OF 10 TO CHEMICAL DUST, SUMLIGHT, ETC. 10 MERICAN CERTAIN MOTIONS 10 ASSUME CERTAIN MOTIONS 10 ASSUME CERTAIN POSITIONS 11 YES, give details 11 Yes, give details 11 Yes, and give details 11 Yes, describe and give 11 Yes, describe and give 12 YES BEEN A PATIENT (Committed or 13 YES ASSUMED TO HAVE, 14 YES, and complete address of 15 YES, and complete address of 15 YES, specify when, 16 give details 15 YES, specify when, 17 Yes, give complete 18 JULIUS OR BEEN FREATED BY CLINICS, 18 YES, which spital clinic, and 18 YES, which spital clinic, and 18 YES, which illnesses)			
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IAN'S SUMMARY AND ELABORA	ION OF ALL PERTIMENT DATA (Physician :	shall comment on all p	positive answers in items 20 thru 38)	

REPORT OF MEDICAL HISTORY

	ST NAME—MIDD	LE NAME						2. GRADE AND	COMPONEN	OR POSITION			3. 1	DENTIFICATION NO.
DME ADDRESS	(Number, s	street or RFD, city	or tou	m, 2	one and State)			5. PURPOSE OF	EXAMINATI	DN			6. D	ATE OF EXAMINATION
ĐΧ	8. RA	CE	9.	TOT	AL YEARS GOVERNMENT SERVICE			10. AGENCY		11. ORGANIZATI	DN UNIT			
			-	ILITA										
DATE OF BIRTH		13. PLACE OF BIRTH			N. C.			14. NAME, REL	TIONSHIP,	AND ADDRESS OF NE	XT OF I	(IN		
EXAMINING FAC	ILITY OR EXAMI	NER, AND ADDRESS						16. OTHER INF	PRMATION					
STATEMENT OF I	EXAMINEE'S PRE	SENT HEALTH IN OWN WO	ORDS (Foll	ow by description of past history,	if com	plain	nt exists)						
FAMILY HISTORY	y							19. HJ	S ANY BLO	OD RELATION (Par	ent. l	roth	er, siste	r. other)
	-TT	CTATE OF HEAL	*10		IS DEED CAUSE OF DEATH		AGE	O O	HUSBAND	OR WIFE				
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		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.		
		B INABILITY TO PERFORM CERTAIN MOTIONS		
		C. INABILITY TO ASSUME CERTAIN POSITIONS		
		D. OTHER MEDICAL REASONS (If yes, give reasons)		
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?		
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)		
		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)		
		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)		
		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANITORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)		
		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY MOTED? (If yes, specify when,		
		where, and give details) 34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, MEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST S YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)		
		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)		
		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejec- tion)		
		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)		
		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABility? (If yes, specify what kind, granted by whom, and what amount, when, why)		
I CERTIFY TI	HAT I HAVI	OR DISHOMEST ANSWER TO AMY OF THE QUESTIONS ON THIS FORM MAY E REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH		HIS EMPLOYMENT OR SERVICE.
TYPED OR P	RINTED NA	AME OF EXAMINEE	SIGNATURE	
39. PHYSICI	IAN'S SUM	MARY AND ELABORATION OF ALL PERTINENT DATA (Physician si	all comment on all positive answers in items 20 thru 38)	

Standard Form 89 (REV. MARCH 1965)

REPORT OF MEDICAL HISTORY

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-		SCARLE DIPTHEI RHEUMA SWOLLE	(Check I FEVER, ERYS RIA LITIC FEVER N OR PAINFUL	each item)	Ŧ	T	(Check ea GOITER TUBERCULOSIS SOAKING SWEATS (NA	ight sweats)	YES	MO	TUMOR, GROW RUPTURE, HER APPENDICITIS PILES OR REC	VTH, C	YST, CAN	TION	YES		FOOT TROU NEURITIS PARALYSIS EPILEPSY	OR LOCKED KNEE UBLE ((Inc. infantile)
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		SCARLE DIPTHEI RHEUMA SWOLLE MINES COLOR I FREQUE	(Check T FEVER, ERYS RIA LTIC FEVER N OR PAINFUL BLINDNESS	each item) IPELAS JOINTS HEADACHE	Ŧ	T	(Check ed GOITER TUBERCULOSIS SOAKING SWEATS (Na ATTHMA SHORTNESS OF BREATH PAIN OR PRESSURE IN CH	ight sweats)	YES	NO	TUMOR, GROW RUPTURE / HEB APPENDICITIS PILES OR REC FREQUENT OR KIDNEY STONE	TAL DI	ISEASE UL URINA	CER TION URINE	YES		FOOT TROU NEURITIS PARALYSIS EPILEPSY (CAR, TRAF FREQUENT	OR LOCKED KNEE UBLE S (Inc. infantile) OR FITS N, SEA, OR AIR SICKNESS
		SCARLE DIPTHEI RHEUMA SWOLLE MINES COLOR I FREQUE	(Check T FEVER, ERYS RIA LTIC FEVER N OR PAINFUL BLINDNESS NT OR SEVERE ESS OR FAINTIN	each item) IPELAS JOINTS HEADACHE	Ŧ	T	(Check ed GOITER TUBERCULOSIS SOAKING SWEATS (Na ATTHMA SHORTMESS OF BREATH PAIN OR PRESSURE IN CH CHRONIC COUGH	ight sweats) EST NG HEART	YES	MO	TUMOR, GROW RUPTURE / HER APPENDICITIS PILES OR REC FREQUENT OR KIONEY STONE SUGAR OR ALE	TAL DI PAINF OR B	SEASE FUL URINA LOOD IN IN URINE	CER TION URINE	YES		FOOT TROIL FOOT TROIL MEURITIS PARALYSIS EPILEPSY (CAR, TRAIL FREQUENT	OR LOCKED KNEE UBLE (Inc. infantile) OR FITS N, SEA, OR AIR SICKNESS TROUBLE SLEEPING
		SCARLE DIPTHEI RHEUMA SWOLLE MILLES COLOR FREQUE DIZZINI EYE TRO	(Check T FEVER, ERYS RIA LTIC FEVER N OR PAINFUL BLINDNESS NT OR SEVERE ESS OR FAINTIN	each item) IPELAS JOINTS HEADACHE IG SPELLS	Ŧ	T	(Check ed GOITER TUBERCULOSIS SOAKING SWEATS (Na ATTHMA SHORTMESS OF BREATH PAIN OR PRESSURE IN CH CHRONIC COUGH PALPITATION OR POUND!	ight sweats) EST NG HEART	YES	MO	TUMOR, GROW RUPTURE HER APPENDICITIS PILES OR REC FREQUENT OR KIDNEY STONE SUGAR OR ALE BOILS	TAL DI PAINF OR B	ISEASE UL URINA LOOD IN IN URINE	CER TION URINE ETC.	YES		FOOT TROIC MEURITIS PARALYSIS EPILEPSY (CAR, TRAIF FREQUENT FREQUENT DEPRESSIO	OR LOCKED KNEE UBLE S (Inc. infantile) OR FITS M, SEA, OR AIR SICKNESS TROUBLE SLEEPING OR TERRIFYING NIGHTMARES
		SCARLE DIPTHEI RHEUMA SWOLLE MILLES COLOR FREQUE DIZZINI EYE TRO	(Check T FEVER, ERYS RIA LTIC FEVER N OR PAINFUL BLINDNESS NT OR SEVERE ESSS OR FAINTIN UUBLE DISE OR THROAT	each item) IPELAS JOINTS HEADACHE IG SPELLS	Ŧ	T	(Check ed GOITER TUBERCULOSIS SOAKING SWEATS (NA ATTHMA SHORTNESS OF BREATH PAIN OR PRESSURE IN CH CHRONIC COUGH PALPITATION OR POUND! HIGH OR LOW BLOOD PR	ight sweats) EST NG HEART	YES	MO	TUMOR, GROW RUPTURE HEB APPENDICITIS PILES OR REC FREQUENT OR KIDNEY STONE SUGAR OR ALE BOILS VD—SYPHILIS	PAINE OR BUMIN	SEASE UL URINA LOOD IN IN URINE ORRHEA,	CER TION URINE ETC.	YES		FOOT TROIC MEURITIS PARALYSIS EPILEPSY (CAR, TRAIF FREQUENT FREQUENT DEPRESSIO	OR LOCKED KNEE UBLE S (Inc. infantile) OR FITS N, SEA, OR AIR SICKNESS TROUBLE SLEEPING OR TERRIFYING NIGHTMARES M OR EXCESSIVE WORRY AEMORY OR AMNESIA
		SCARLE DIPTHEI RHEUMA SWOLLE MILES COLOR FREQUE DIZZINI EYE TRC	(Check T FEVER, ERYS RIA ATTC FEVER N OR PAINFUL BLINDNESS NT OR SEVERE ESSS OR FAINTIN DUBLE DISE OR THROAT	each item) IPELAS JOINTS HEADACHE IG SPELLS	Ŧ	T	(Check ea GOITER TUBERCULOSIS SOAKING SWEATS (Na ATHMA SHORTMESS OF BREATH PAIN OR PRESSURE IN CH CHRONIC COUGH PALPITATION OR POUND! HIGH OR LOW BLOOD PR CRAMPS IN YOUR LEGS	ight sweats) EST NG HEART ESSURE	YES	NO	TUMOR, GROW RUPTURE: HEB APPENDICITIS PILES OR REC FREQUENT OR KIDNEY STONE SUGAR OR ALE BOILS VD—SYPHILIS RECENT GAIN	TAL DI PAINF OR B BUMIN OR LO	ISEASE TUL URINA LOOD IN IN URINE ORRHEA, SS OF WE	TION URINE ETC.	YES		FOOT TROIL FOOT TROIL MEURITIS PARALYSIS EPILEPSY (CAR. TRAIL FREQUENT FREQUENT DEPRESSIO LOSS OF A BED WETT	OR LOCKED KNEE UBLE S (Inc. infantile) OR FITS N, SEA, OR AIR SICKNESS TROUBLE SLEEPING OR TERRIFYING NIGHTMARES M OR EXCESSIVE WORRY AEMORY OR AMNESIA
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		SCARLE DIPTHEI RHEUMA SWOLLE MUM-S COLOR I FREQUE DIZZINI EYE TRC EAR, NO HEARIN CHRONI	(Check T FEVER, ERYS RIA ATTIC FEVER N OR PAINFUL BLINDNESS NT OR SEVERE ESSS OR FAINTIN DUBLE DISE OR THROAT HE FARES G LOSS	PELAS JOINTS HEADACHE IG SPELLS TROUBLE	Ŧ	T	Check ed GOITER TUBERCULOSIS SOAKING SWEATS (Na ATTHMA SHORTNESS OF BREATH PAIN OR PRESSURE IN CH CHRONIC COUGH PALPITATION OR POUND! HIGH OR LOW BLOOD PR CRAMPS IN YOUR LEGS FREQUENT INDIGESTION STOMACH, LIVER OR INT GALL SLADDER TROUBLE JAUNDICE	ight sweats) NG HEART ESSURE ESTIMAL TROUBLE OR GALL STONES	YES	NO	TUMOR, GROW RUPTURE. HES APPENDICITIS PILES OR REC FREQUENT OR KIDNEY STONE SUGAR OR ALE BOILS VD—SYPHILIS RECENT GAIN ARTHRITIS OR BONE, JOINT,	PAINF OR B BUMIN OR LO OR O	SEASE FUL URINA LOOD IN IN URINE FORRHEA, SS OF WE MATISM THER DEF	CER TION URINE ETC. IGHT	YES		FOOT TROICE TROI	OR LOCKED KNEE UBLE (Inc. infantile) OR FITS N, SEA, OR AIR SICKNESS TROUBLE SLEEPING OR TERRIFYING NIGHTMARES W OR EXCESSIVE WORRY AEMORY OR AMNESIA ING TROUBLE OF ANY SORT
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		SCARLE SCARLE RHEUMAN SWOLLE GOLOR FREQUE EYE TRC EAR, NC CHRONI CHRONI SEVERE	(Check T FEVER, ERYS RIA ATIC FEVER N OR PAINFUL BLINDNESS NT OR SEVERE ESS OR FAINTIN FUBLE OSE OR THROAT NG FARES G LOSS IC OR FREQUEN TOOTH OR GUI	PELAS JOINTS HEADACHE IG SPELLS T COLDS IN TROUBLE	Ŧ	T	Check ed GOITER TUBERCULOSIS SOAKING SWEATS (N) ATTHMA SHORTMESS OF BREATH PAIN OR PRESSURE IN CH CHRONIC COUGH PALPITATION OR POUND! HIGH OR LOW BLOOD PR CRAMPS IN YOUR LEGS FREQUENT INDIGESTION STOMACH, LIVER OR INT GALL SLADDER TROUBLE JAUNDICE ANY REACTION TO SERUM	ight sweats) EST ING HEART ESSURE ESTIMAL TROUBLE OR GALL STONES A, DRUG OR	YES	MO	TUMOR, GROW RUPTURE: HER APPENDICITIS PILES OR REC FREQUENT OR KIDNEY STONE SUGAR OR ALE BOILS VD—SYPHILIS RECENT GAIN II ARTHRITIS OR BOME, JOINT, LAMENESS LOSS OF ARM.	VTH, (CRNIA TAL DI PAINF OR B BUMIN I, GON OR LO I RHEU OR O I LEG,	YST, CAM SEASE UUL URIMA LOOD IN IN URIME OORRHEA, SSS OF WE MAATISM THER DEF	CER TION URINE ETC. IGHT ORMITY	YES		FREQUENT FREQUENT DEPRESSIO LOSS OF A BED WETT NERVOUS ANY DRUG EXCESSIVE HOMOSEX	OR LOCKED KMEE UBLE S. (Inc. infantile) OR FITS M. SEA, OR AIR SICKNESS TROUBLE SLEEPING OR TERRIFYING NIGHTMARES M. OR EXCESSIVE WORRY AEMORY OR AMNESIA ING TROUBLE OF ANY SORT G. OR NARCOTIC HABIT DRINKING HABIT
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PREFACE TO GUIDING STANDARDS

Purpose: Public Health Service (PHS) Regulation 21.24 requires that all applicants to the Commissioned Corps of PHS must undergo a physical examination and be found medically qualified prior to appointment. The purpose of the Guiding Medical Standards (hereinafter referred to as Standards) is to specify those conditions which are, or may be, cause for rejection or limitation of tours of duty with PHS.

Basis for Standards: The Commissioned Corps of PHS is one of the seven uniformed services and, as such, members share many of the same responsibilities, privileges, and benefits as those provided under law to members of the Armed Forces. As a commissioned officer, an individual is expected to be physically qualified to perform the duties of his/her rank and category in various climates and work assignments without endangering his/her health or the health of others. It is not sufficient that the officer be "qualified" for a particular assignment at a particular geographic location. For career service, the officer must be physically capable of assuming any assignment in his/her professional category whether or not such is likely to occur in the foreseeable future. Thus, physical standards are intentionally similar to those of the Armed Forces.

In addition, a commissioned officer is entitled to comprehensive medical care with liberal sick leave and generous disability and death benefits. These are noncontributory benefits and cannot be waived by the individual. For this reason, health conditions which place an individual at an increased risk to excessive use of sick leave and medical services, and/or to early death or disability may be cause for rejection or limitation of tour of duty.

Use of Standards: The Standards are considered "guiding" rather than definitive. The ultimate determination of medical qualification rests with the PHS Medical Review Board. However, the Medical Branch, Commissioned Personnel Operations Division, Office of Personnel Management, Office of Management (CPOD/OPM/OM), PHS, will apply the Standards as written and will refer a case to PHS MRB only when the decision is questionable, in cases of possible rejection, or at the request of the applicant.

The examining physician should become familiar with the Standards. Although determination of medical qualification is made centrally, the Standards contain information which can expedite the processing of applications.

The Standards are arranged by systems. The first column under each system categorizes conditions for ease of reference. The second column lists those conditions which are disqualifying for unlimited (career) appointment. The third column lists conditions for which a limited tour of duty may be granted under certain circumstances. The fourth column provides guidance on the type of information needed to determine qualification in certain questionable cases or for limited tour consideration. This column is especially important since obtaining such information at the time of

the initial examination will expedite the final determination of eligibility and will minimize the inconvenience to both the applicant and the examining facility caused by the need for a return visit.

Importance of Complete Information: It is important to perform a thorough examination initially and to assure that all required information on Forms SF-88 (Report of Medical Examination) and SF-93 (Report of Medical History) is provided. Otherwise, several weeks' delay of medical clearance can be expected at considerable inconvenience to all concerned. Several aspects of the examination are particularly important:

- All positive items marked by the applicant on the history form should be clarified by the examining physician, giving dates, diagnoses (if known), treatment (if any), and current status. This is especially important for conditions which may be disqualifying.
- 2. If listed under "Remarks" in the Standards, or otherwise indicated, consultation with appropriate specialists at the facility should be obtained and a written report should be included with the aforementioned Standard Forms.
- 3. If indicated in order to clarify the physical status of an applicant, or if asked for in "Remarks" in the Standards, pertinent laboratory, x-ray, or special studies should be obtained at the time of the examination.
- 4. During the physical examination, emphasis should be placed on evaluating the current status of positive items on the medical history and on carefully documenting the nature and extent of defects, i.e., the extent of skin lesions, range of motion of joints, etc.

Determination of Qualification: Results of the medical examination are reviewed by medical personnel in the Medical Branch, CPOD/OPM/OM/PHS, and the following actions are taken:

- 1. If no disqualifying conditions are found, the applicant is cleared medically for an unlimited or limited appointment.
- 2. If conditions are found that are disqualifying for limited or unlimited appointment, the case is referred to the PHS Medical Review Board (PHS MRB). PHS MRB may take the following actions:
 - a. Recommend a waiver of the standard to permit a limited tour of duty if the applicant meets certain minimal functional standards (see "Administrative Waiver" below).
 - b. Uphold the medical standards and find the applicant disqualified for commissioning.

3. If items are omitted or if sufficient information is not submitted regarding a reported finding, a communication to the applicant or examining facility to obtain such information will be necessary. Obviously, this delays the processing of the application.

Limited Tours: Tours may be limited for two reasons:

- 1. If an applicant has a medical condition which may be disqualifying for career service but current findings are equivocal, a limited tour may be granted for observational purposes. At the end of the limited tour period, the officer may be reevaluated for removal of the limitation.
 - 2. If an applicant has a medical condition which is disqualifying for career service but such condition does not represent an undue short-term risk, a limited tour may be granted but removal of the restriction does not ordinarily apply.

Administrative Waiver of Medical Standards: The cases of all applicants who do not meet standards for career or limited appointment will be referred to PHS MRB for review. The purpose of this review is to determine if the disqualifying medical condition is such that it does not necessarily preclude satisfactory performance of professional duties or place the Government at undue risk for the costs of excessive sick leave, medical care costs, early disability, or death. In such cases, PHS MRB may recommend to the Director, CPOD, that the medical standards be waived to permit a limited tour of duty with or without option for removal of such restrictions provided the applicant meets the following minimal functional standards:

- A. The applicant should be physically and mentally able to safely perform the usual acts of daily living without requiring direct assistance of another individual or elaborate mechanical devices.
- B. The applicant should be capable of travelling safely to and from a duty station by private or public transportation.
- C. The applicant must be capable of travelling on official business without assistance using public transportation.
- D. The applicant should not be severely limited in musculoskeletal mobility or exercise tolerance regardless of the physical requirements of the projected assignment. Ordinary physical activity should not cause undue fatigue, shortness of breath, pronounced muscular weakness, or pain which is severe or ominous.
- E. The applicant must not require medication or medical devices to be able to perform his/her duties unless the following criteria are substantially met:
 - After an adequate period of observation, the underlying medical problem is adequately controlled by medication or device.

- 2. The applicant has demonstrated and continues to demonstrate responsibility in taking the medication or maintaining the device, if applicable.
- 3. Frequent medical attention requiring limitation in geographical assignments is not necessary.
- 4. The duties of the applicant's category and specialty are not such that failure to take the medication, the side effects of the medication, or failure of the mechanical device would likely have effects which would occur without adequate warning and could endanger the lives of co-workers or the public.
- F. The applicant must be capable of being assigned or reassigned as necessary to meet the needs of the Service. The applicant must not have an acute, progressive, or recurrent disease or disability which will or may require frequent or prolonged periods of absence from duties or which will substantially restrict the types of duties he/she may be assigned or the geographic location of his/her assignment. This applies even though the applicant may be functional at the time the determination is made. Such illnesses include malignancies, progressive neurological or muscular disease, certain psychiatric conditions, etc.

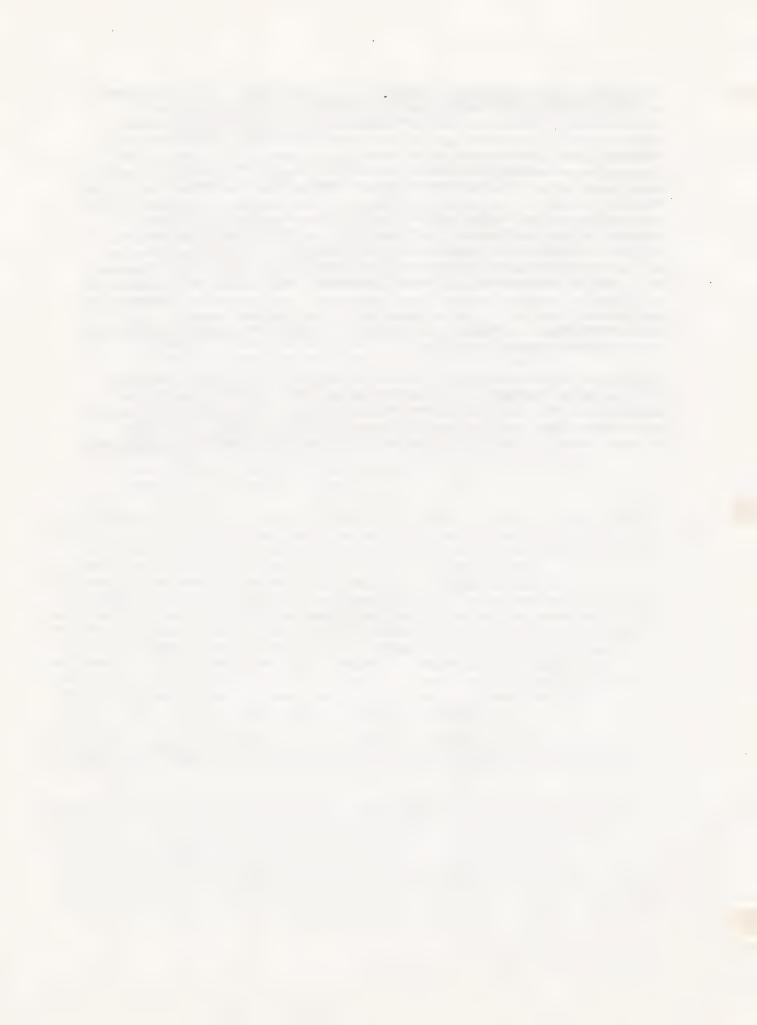
A recommendation to the Director, CPOD, for a waiver of medical standards will include any restrictions on types or locations of assignments which are considered in the best interest of protecting the health and safety of the applicant, his co-workers, and the public. If the Director, CPOD, approves the recommended waiver, the approval, accompanied by the recommended restrictions on duty assignments, will become part of the applicant's file. It is the responsibility of the selecting program to determine if the applicant can safely perform the duties of the assignment for which he/she is being recruited. Evidence must be on record in the personnel file indicating that the program is aware of the restrictions placed upon assignments and can accommodate to such restrictions. If the recruiting program has any question about the restrictions, the Medical Branch, CPOD, should be contacted for further information.

Disqualification: If PHS MRB does not find an applicant qualified for an administrative waiver, the applicant will be disqualified and so informed in writing.

Appeal: PHS MRB represents the final determinant of medical qualification for commissioning. Any applicant who feels that a determination made by PHS MRB is inequitable may appeal. The applicant may submit any information he/she deems relevant to assist the Board in making an equitable finding. The applicant does not have a right, however, to appear in person before the Board although a written statement may be submitted if he/she so desires.

Information Provided by the Examiner to the Applicant: It is important to inform applicants that determination of medical qualification for commissioning is made centrally. However, any findings which require further medical attention must be discussed with the applicant by the examining physician whether such findings are made at the time of the examination or subsequently when results of x-rays or laboratory reports become available. The need for further examination, as called for in the "Remarks" column or as deemed necessary by the examining physician, should be explained to the applicant. If the services required for further examination are available at the examining facility, such examination should be performed as expeditiously as possible. If such services are not available at the facility, this fact should be noted on the Standard Forms and the Medical Branch, CPOD/OPM/OM/PHS, will then arrange with the applicant to have the examinations performed. Any narrative summaries of past medical care will also be obtained by the Medical Branch, CPOD/OPM/OM/PHS. Applicants may appeal the Board's decision and will be advised of the appeals process.

IMPORTANT: The falsification or willful omission of requested medical information on the part of the applicant may result in the immediate separation of the officer from PHS without benefits. Appropriate action may also be taken against any examining physician or other examining personnel who willfully falsifies or omits pertinent medical information.



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Ren* rks	In questionable cases examination by a qualified specialist will be required.	An evaluation by a qualified specialist will be required at time of examination or reapplication.	Conditions may be correctable. A narrative summary from the treating physician must accompany reapplication.	Consideration for limited tours will require a narrative summary of diagnostic work-up and treatment from a qualified physician.	
Limited Tour Criteria	Limited tours may be granted on case-by-case basis with or without option for removal of restriction.	Not Applicable	Limited tours may be granted if a period of observation is indicated in questionable cases.	1,2.Limited tours may be granted for period of observation, with option for removal.	
Cause for Rejection of Unlimited Appointment	Exostoses, depression, absence of bone or other deformity which is a manifestation of an underlying progressive disease, or excessively increases risk to injury, or if associated with otherwise disqualifying neurological abnormality.	Severe head injuries resulting in prolonged unconsciousness, convulsions or neurologic signs until a period of 3 months elapses without significant sequelae.	Any tumor, cyst, fistula, or enlargement of the salivary glands, lymph nodes or other structures of the head and neck, unless the cause is known, considered benign, and no medical or surgical treatment is indicated.	1.Migraine, severe, with frequent attacks, often requiring loss from work. 2.Other causes of severe, recurrent, or intractable headaches.	
Condition	(A) Deformities of the skull	(B) Recent head injuries	cysts, fistula, etc.	(D) Recurrent headaches	

I. HEAD AND NECK

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	Remarks	1.A description of the extent of deformity and functional impairment is required. 2.May be correctable defect. Summary from the treating physician including pertinent x-ray and neurologic findings must accompany reapplication. 3,4.In questionable cases examination by a qualified specialist will be required, including pertinent x-ray and neurological findings.	
	Limited Tour Criteria	1. Limited tours with option may be granted if more than mild without cervical scoliosis, flattening of head and face and without loss of adequate cervical mobility. Option for removal of restriction. 2,3,4.Limited tours with option may be granted in cases which are questionably disqualifying and a period of observation is appropriate.	1.Not applicable. 2.Limited tours may be granted if a period of observation is indicated.
(continued)	Cause for Rejection of Unlimited Appointment	1. Congenital torticollis, more than mild. 2. Acquired torticollis, until relieved and under- lying cause is not otherwise disqualifying. 3. Cervical spondylosis or other causes of acute or chronic symptoms referable to the musculoskeletal structures of the neck (see also Sect. XIII B). 4. Symptomatic cervical rib or scalonus anticus syndrome.	1. In cases requiring significant dental restoration, commissioning may be postponed until necessary dental treatment has been satisfactorily completed. 2. Diseases of the jaws or associated tissues when, following restorative surgery, there remain residuals which are incapacitating or interfere with the individual's satisfactory performance of duty.
I. HEAD AND NECK (continued)	Condition	(E) Musculo- skeletal diseases of the neck	E) Dental

	Remarks	1. Examination by an oph- thalmologist required in cases for limited tour consideration. Option for removal of limitation if condition is nonprogressive and defective vision does not interfere with performance. 2. Report from ophthalmol- ogist required for those seeking limited tours. 3. Those with myopia requiring -6 or more diopter correction will require ophthalmologic examination with de- tailed report of fundu- scopic findings. Op- tion for removal of re- striction if no progres- sion after 3 years.	In questionable cases an evaluation by oph-thalmologist must be obtained.
	Limited Tour Criteria	l.Limited tours may be granted in cases of non-progressive eye diseases if corrected visual acuity is at least 20/60 in one eye, 20/60 in one eye, 20/60 in one eye, 20/80 in the other; 20/50 in one eye, 20/40 in one eye, 20/100 in the other; 20/30 in one eye, 20/200 or less in other. 2.On case-by-case basis - PHS MRB. 3.Pathologic myopia, without macular degeneration or retinal holes, regardless of refractive error. 4,5.Not applicable in proven cases.	Limited tours may be granted on a case-by-case basis for observational purposes.
	Cause for Rejection of Unlimited Appointment	1. Distant visual defect which is not correctable to 20/20 in one eye and 20/70 in the other. 2. Any condition requiring contact or telescopic lens for adequate correction. 3. Pathological (degenerative) myopia regardless of refractive error. (see remarks) 4. Pathologic alterations in the field of vision unless due to lesions of known insignificance. 5. Aniseikonia, uncorrected.	Any condition which impairs protection of eye from exposure, interferes with vision, or chronically irritates eyes, including: a. Marked ectropion or entropion. b. Trichiasis. c. Ptosis. d. Lagophthalmus. e. Chronic or recurring blepharitis, if severe.
II. EYES AND VISION	Condition	(A) Visual Acuity	(B) Abnormalities of eyelids

Remarks	1.May be correctable condition. Reapplication must be accompanied by a medical summary of treatment and current evaluation by ophthalmologist.	2. Pterygium may be a correctable condition. Reapplication must be accompanied by summary of treatment and follow-up. 3. Trachoma may be a correctable condition. Severe cicatricial deformity in tarsal plate is disqualifying.	1. Finding or history of keratitis, corneal ulceration, or injury will require an evaluation by an ophthalmologist. 3. In cases of keratoconus considered for limited tours, an ophthalmologic evaluation must be obtained including past and present K values, refractive errors and integrity of Descemet's membrane and corneal stroma. 4. Nonprogressive corneal opacity or scars will be evaluated according to best	corrected vision.	7
Limited Tour Criteria	1,2.Limited tours may be granted if conditions are controllable without requiring frequent medical care.	1.Limited tours may be granted if a period of observation is indicated. 2,3.Not applicable	1,4.Not applicable. 2.Limited tours may be granted those with recurrent corneal ulcers if last episode was over 12 months and visual standards are otherwise met. 3.Limited tours may be granted for nonprogressive keratoconus provided visual acuity meets standards. No option for removal of restriction.		
Cause for Rejection of Unlimited Appointment	1.Obstruction of nasolacrimal duct. 2.Keratoconjunctivitis sicca.	1. Chronic or recurrent severe conjunctivitis, regardless of cause. 2. Pterygium interfering or threatening to interfere with vision. 3. Trachoma, active.	1.Acute keratitis or corneal ulcer until cured and without sequelae. 2.Chronic keratitis or history of recurrent corneal ulcerations 3.Keratoconus. 4.Corneal dystrophy. 5.Corneal transplant on a case-by-case basis(PHS MRB).		
Condition	(C) Abnormalities of lacrimal apparatus	(D) Abnormalities of conjunctiva	(E) Abnormalities of cornea		

II. EYES AND VISION (continued)

	Remarks	1.Applicants with history or evidence of uveal tract abnormalities of questionable significance will require an evaluation by an ophthalmologist.	1,2.In cases meeting visual acuity standards but with evidence or history of retinal disease, regardless of present status, will require a current evaluation by an ophthalmologist. 2.Option for removal of restriction after 3 years of observation.	1. Exceptions under "optic neuritis" and "optic atrophy" will require a narrative summary from treating physician, and a current ophthalmologic evaluation.
	Limited Tour Criteria	1. Limited tours may be considered on case-by-case basis with option for removal of restrictions if disease is quiescent and not likely to recur but a period of observation is indicated. The applicant must otherwise meet visual standards. 2. Not applicable.	l.Not applicable. 2.Limited tours may be granted after 1 year. 3.Not applicable.	Not applicable.
(continued)	Cause for Rejection of Unlimited Appointment	l.Presence or history of recent or recurring uveitis, regard- less of cause. 2.Anterior or posterior synechiae.	1. Evidence or history of retinal disease which is progressive; or is known to have potential for progression, regardless of current visual acuity. 2. Detached retina or retinal cears unless unilateral, adequately treated, and without problems for period of 3 yrs. 3. Night blindness due to organic eye disease.	1. Optic neuritis, or history of optic aeuritis, except in cases without significant optic atrophy if etiology 1s known and is not likely to recur. 2. Papilledema. 3. Optic atrophy unless cause is known, not considered progressive, and eye standards are otherwise met.
II. EYL AND VISION	Condition	(F) Abnormalities of the uveal tract (iris, ciliary body, choroid)	(G) Abnormalities of retina	(H) Optic nerve disease

	Remarks	Questionable cases will require a current evaluation by an ophthalmologist.	1,2.Applicants with noticeable strabismus or nystagmus who meet visual acuity standards will require an evaluation by ophthalmologist, including type, measurement of tropia (if applicable), and functional status.	Exceptions will require narrative summary by treating ophthalmologist and current ophthalmologic evaluation.	A current evaluation by an ophthalmologist will be required for consideration of limited tours.	9
And the state of t	Limited Tour Criteria	1.Monocular aphakia may be granted limited tour on case-by-case basis. 2.Not applicable.	1.Limited tours may be granted in cases of amblyopia (see visual acuity standard). 2.Not applicable.	Limited tours may be granted if controlled by treatment without medication side effects. Must not have evidence of visual field defects. No option for removal of restriction.	1,2.Limited tours may be granted on case-by-case basis if an observational period is indicated.	:
(continued)	Cause for Rejection of Unlimited Appointment	1.Aphakia or dislocation of lens. 2.Opacities which are progressive or reduce visual acuity below standards.	1.Strabismus of any degree asso- ciated with marked amblyopia, diplopia, or nervous system disease. 2.Nystagmus if associated with nervous system disease or defective visual acuity.	History or presence of glaucoma, except transient, nonprogressive, correctable glaucoma without evidence of visual loss.	1.Recent trauma to eye, until maximum recovery has occurred without significant sequelae and with good prognosis. 2.Post trauma with residuals which do not meet criteria contained in this section.	
II. EYES AND VISION	Condition	(I) Abnormalities of lens	(J) Abnormalities of ocular mobility Nystagmus	(K) Glaucoma	(L) Eye trauma	

HEARING
AND
EARS
III.

Condition	Cause for Rejection of. Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Ear: abnormal- ities of auricle and external canal	1.Acute infections or inflammation of external canal, if more than mild, until cured. 2.Deformities of auricle or external canal which interfere with hearing or predispose to chronic infection, regardless of cause.	1,2.Limited tours with or without option may be granted on a case-by-case basis.	Disqualifying defects may be correctable. Reapplication must be accompanied by narrative summary and current evaluation by treating physician.
(B) Otitis media	l.Acute otitis media until cured and without residual. 2.Chronic otitis media, regard- less of cause. 3.History of recurrent otitis media in adulthood.	1.Not applicable. 2.Limited tours may be granted on case-by-case basis in cases of serous otitis if the disease is amenable to outpatient treatment and has not interfered with professional duties. 3.Recurrent adult acute otitis media if last episode over 6 months with no signs or symptoms of chronicity (perforated tympanum, discharge) or hearing loss.	2,3.Consideration for limited tour will require an evaluation by a qualified otolaryngologist. Limited tours may be with or without option for removal of restriction according to long-term prognosis.
(C) Perforated tympanic membrane	Disqualifying, regardless of cause, (unless satisfactorily repaired, one year post-operative and hearing acuity meets standards).	Limited tours may be granted for dry, central perforations, without option for extension.	Limited tours will require a narrative summary of past medical care and a current evaluation by an otolaryngologist.

	Remarks	2. Request for limited tours must be accompanied by a narrative summary of past treatment and a current evaluation by treating otolaryngologist.	Consideration for limited tours must be accompanied by narrative summary from treating physician(s) and a current evaluation including pertinent audiometric tests.	1,2.Questionable cases must have a current evaluation by an otolaryngologist.
	Limited Tour Criteria	1,3.Not applicable. 2.Limited tours may be granted on surgically treated mastoiditis on a case-by-case basis after 1 year post operation if disease has remained inactive. Option for removal of restriction.	Limited tours may be granted for surgically corrected cases, at least 1 year postoperative, who otherwise meet hearing standards. Option for removal of restriction.	1. Cases which are question- able or with infrequent, mild attacks, easily con- trolled by treatment without hospitalization or loss of time from work, may be given limited tours without option for removal. 2. Limited tours may be granted in cases of questionable diagnosis for a period of observation.
AND HEARING (continued)	Cause for Rejection of Unlimited Appointment	1.Acute or chronic mastoiditis. 2.Surgery for mastoid disease within past 2 years or if evidence of activity persists after 2 years. 3.Presence of cholesteatoma.	Disqualifying.	1. Presence or history of Meniere's syndrome. 2. Unexplained recurring attacks of vertigo, tinnitus, or other signs and symptoms referable to cochlear or vestibular dysfunction.
III. EARS AND HEARIN	Condition	(D) Mastoiditis	(E) Otosclerosis	syndrome, recurrent vertigo, tinnitus, or other signs and symptoms of inner ear disease

	(continued)	
-	HEARING	
-	AND	
1	EARS	
1	II	

	Remarks	Previous audiometry will be required to determine stability of hearing loss. Limited tours will require current evaluation by an otolaryngologist, including comprehensive hearing acuity testing.
	Limited Tour Criteria	1.Stabilized (no change in 3 yrs) hearing loss with a hearing level of at least 25 db speech reception threshold and at least 80% speech discrimination in one ear, aided or unaided, with evidence that individual can function in his/her usual profession. Option for removal of restriction. Case-by-case basis. 2.Cases of high frequency hearing loss in which stability cannot be determined may be granted limited tour with option for removal of restriction if hearing loss is stable for I year or more.
וויייות (כסוורדוומכת)	Cause for Rejection of Unlimited Appointment	1.Loss in either ear, exceeding an average of 25 db in the 500, 1000, 2000, and 3000 hz frequencies. 2.Loss in either ear, exceeding 45 db in the 250, 4000, or 6000 hz frequencies unless the stability and etiology of the hearing loss can be documented.
TTT PURE UPIN	Condition	(G) Hearing

	Remarks	Questionable cases require a current evaluation by an otolaryngologist. May be correctable conditions. Reapplication must be accompanied by a narrative summary of treatment and current evaluation by the treating physician.	See above.	l.Consideration for limited tours will require a current evaluation by a qualified otolaryngologist. 2.Other causes of dysphonia may be correctable. Application must be accompanied by a narrative summary and current evaluation by the treating physician.	10
	Limited Tour Criteria	1,2.Limited tours may be granted on case-by-case basis with or without option for removal of restriction.	1.Not applicable. 2.Limited tours may be granted if current examination is essentially negative and last episode of sinusitis occurred over 6 months previously. Option for removal of restriction.	1. Cases of unilateral paralysis, if the cause is not otherwise disqualifying and speech is not severely affected, may be granted limited tours for observation. 2. Limited tours may be granted on case-by-case basis if condition is nonprogressive and causes only dysphonia.	
LARYNX, TRACHEA, AND ESOPHAGUS	Cause for Rejection of Unlimited Appointment	1. Severe hypertrophic or atrophic rhinitis interfering with breathing. 2. Deviated septum, severe, and associated with nasal obstruction and/or signs of chronic inflammation or perforation.	1.Acute purulent sinusitis until cured. 2.Chronic, or history of, recurrent acute sinusitis associated with chronic rhinitis.	1. Paralysis of vocal cords. 2. Other causes of marked dysphonia or respiratory embarrassment on minimal exertion, including laryngeal stenosis, polyps, granuloma, ulcers.	
IV. MOUTH, NOSE, LA	Condition	(A) Abnormalities of the nose and nasal passages	(B) Paranasal sinusitis	(C) Abnormalities of larynx	0

	Remarks		2.May be correctable conditions. Reapplication will require a current evaluation by a qualified surgeon.	Exceptions under 4 and limited tours under 3,4, and 5 will require current evaluation of esophageal function by a qualified specialist.	11
ned)	Limited Tour Criteria	Not applicable.	1.Limited tours with option may be granted in cases of questionable functional significance. 2,3,4.Not applicable.	1,2. Not applicable. 3,4.Limited tour may be granted on case-by-case basis if a period of observation is indicated. 5.Limited tours, with or without option, may be granted in cases of achalasia if at least one year posttreatment (surgical or dilatation) and if relatively symptom free.	·
LARYNX, TRACHEA, AND ESOPHAGUS (continued)	Cause for Rejection of Unlimited Appointment	1.Tracheostomy, regardless of cause. 2.Congenital or acquired stenosis or fistula.	1.Cleft lip, cleft palate, other functionally signif-icant congenital malformations, unless adequately repaired without use of prosthesis. 2.Salivary gland calculus, ranula, or salivary fistula. 3.Deformity of the tongue wnich interferes with speech or mastication.	1. Esophageal varices. 2. Strictures causing dysphagia or esophageal dilatation. 3. Peptic esophagitis, chronic or recurrent. 4. Symptomatic diverticulum, until corrected and one year postoperative with good results. 5. Achalasıa, or history thereof.	
IV. MOUTH, NOSE, L	Condition	(D) Abnormalities of the trachea	(E) Abnormalities of the mouth and pharynx	of the esophagus	

٥.	GASTROINTESTINAL	TRACT		
	Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A)	Peptic ulcer disease Hypertrophic gastritis	1.Active peptic ulcer within past 5 years or if history of perforation, hemorrhage, or obstruction. 2.History of surgical procedure for peptic ulcer within past 2 years or with surgical complications. (For exceptions, see "Limited Tour Criteria" and "Remarks.") 3.Chronic hypertrophic gastritis with repeated or chronic symptomatology.	1.Last episode of peptic ulcer apparently "healed" for at least 12 months; and a)Presently no signs or symptoms of peptic ulceration; b)Current x-ray or endo- scopic exam negative for active peptic ulcer; and c)Negative history of obstruction, massive or repeated hemorrhage, or perforation (unless surgically treated). 2.Over 1 year postoperative without complications. 3.Limited tours may be granted on case-by-case bassis.	Evaluation for limited tour will require medical summary from treating physician and a current report of upper G-I x-ray or endoscopy. Option for removing limitation if disease remains quiescent for period of 2 years.
(8)	Inflammatory disease of the the bowel including: Ulcerative colitis, proctitis, regional enteritis Crohn's disease	1.Active inflammatory disease of the bowel, or history thereof. 2.History of surgical procedure for inflammatory disease of the bowel.	Not applicable for confirmed diagnosis. Questionable cases may be granted limited tours with option if asymptomatic for period of 5 years.	Questionable cases will require a narrative summary of past medical treatment and a current evaluation by a qualified specialist, including appropriate x-ray, endoscopic, and biopsy reports.

Remarks	Minimal resection of bowel in infancy is acceptable if the individual has been asymptomatic since surgery.	Underlying cause for fistula(s) must be ascertained to determine if underlying disease process is disqualifying. Narrative summary and current surgical consultation required for all cases with history of fistulas.	Correctable condition. May reapply.
Limited Tour Criteria	In cases of extensive but not disqualifying bowel surgery for nonprogressive disease, limited tours may be granted if indicated for observational purposes.	l,2.Limited tours may be granted in cases of anal fistula without multiple sinus tracts unless associated with a condition otherwise disqualifying.	Not applicable.
Cause for Rejection of Unlimited Appointment	Conditions are disqualifying regardless of underlying cause.	1. Presence of, or history of surgical correction of fistula within past 6 months, regardless of cause. 2. History of recurrent fistulas.	1.Causing marked symptoms of pain or bleeding. Z.With prolapse of rectum.
Condition	procedures resulting in altered G-I functions, including gastrectomy, gastrostomy, colostomy, colostomy, colostomy, colostomy, colostomy, colostomy, colostomy, colostomy, resection,	(D) Gastro- intestinal fistula any site, including fistula in ano	(E) Hemorrhoids

V. GASTROINTESTINAL TRACT (continued)

GASTROINTESTINAL	TRACT (continued) Cause for Rejection of	Timited Tour Criteria	Romarbo
		ours mod of ced an licate	1,2.Correctable condition. May reapply. Narrative summary of treatment must be included with reapplication.
	l.Anebiasis, other parasitic infections, until cured. 2.Bacterial enteritis until cured.	Not applicable.	May be a correctable condition. Reapplication must include a narrative summary from treating physician.
	Any condition which results in impaired absorption or loss of nutrients, electrolytes, and water from gastrointestinal tract, or history thereof, until cause is known and has been corrected or controlled.	Limited tours may be granted in questionable cases for observational purposes.	A detailed medical summary from treating physician(s) and current medical evaluation by a qualified gastroenterologist is required for consideration of limited tour. Option for removing limitation if disease remains quiescent.
			14

Remarks	In questionable cases or for limited tours, a medical summary from treating physician(s) and a current evaluation will be required. Option for removal of restriction in limited tours.	15
Limited Tour Criteria	1,4,5.Limited tours may be granted on a case- by-case basis for a period of observation. 2,3,6,7,8.Not applicable.	
Cause for Rejection of Unlimited Appointment	1.Driverticulosis of the colon with repeated episodes of diverticulitis. 2.Polyp(s) in colon until biopsied or removed and found to be benign. 3.Familial multiple polyposis. 4.Evidence or history of G-I bleeding until cause is known and corrected. 5.History of recurrent bowel obstruction until cause is known and corrected without recurrence for a period of 2 years. 6.Fecal incontinence from any cause. 7.Megacolon of more than mild degree. 8.Rectal stricture with symptoms of obstruction, constipation, and/or pain on defecation.	
Condition	(I) Other	

GASTROINTESTINAL TRACT (continued)

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VI. LIVER AND BILIARY	RY SYSTEM		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Hepatitis Liver abscess	1.Recent history of viral hepatitis, until liver function studies are normal. 2.Toxic or other forms of acute hepatitis or abscess, or history thereof, if liver function tests are abnormal. 3.Chronic active hepatitis, regardless of cause.	1,2.Not applicable. 3.Chronic persistent hepatitis, if proven by biopsy and observa- tion, may be acceptable for limited tour with option.	Individual with recent history of hepatitis must have current liver function evaluation and antigen studies, if indicated.
(B) Cirrhosis of liver	Disqualifying, regardless of type or cause.	Not applicable.	
disease	1.Acute or recurrent cholecystitis, with or without stones. 2.Cholelithiasis, if symptomatic. 3.Surgical treatment within preceding 3 months. 4.Post surgical complications or post cholecystectomy syndrome.	1,2.Limited tours may be granted if diagnosis is questionable and pain is infrequent and relieved by simple medication. 3.Not applicable. 4.Limited tours may be granted in post surgical cases with post cholecystectomy syndrome if symptoms have not interfered with performance of duties.	1,2. May be a correctable defect. 4.Option for removing limitation.
(D) Hepatomegaly, jaundice, or abnormal liver function studies	Disqualifying, regardless of cause, except in cases of apparent benign hyperbilizubinemia.	Consideration on a case-by-case basis.	A detailed medical summary from treating physician and a current medical evaluation by a qualified internist required for consideration in questionable cases.

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
Pituitary diseases	1. Hypersecretion of one or more pituitary hormones, regardless of cause (Cushing's disease, acromegaly, etc.). 2. Hypopituitarism, regardless of cause (Simmond's disease, diabetes insipidus, dwarfism).	In certain cases of pitui- tary malfunction which has not affected the individ- ual's ability to perform, does not involve adrenal function, and other mani- festations have been controlled for 2 or more years, limited tours may be granted with option for removal of restriction.	Individuals with history of known or suspected pituitary disorders, which may not be disqualifying, will require a narrative summary from the treating physician(s) along with a current evaluation by a qualified endocrinologist.
Thyroid disease	1. Hyperthyroidism or history thereof, unless treated and without recurrence or need for antithyroid medication for at least 2 years. 2. Hypothyroidism, unless adequately controlled by replacement therapy. 3. Thyroid nodule of undetermined etiology.	1. Post-treatment hyperthy- roidism at least one year after successful treatment if clinically euthyroid or resultant hypothyroidism is con- trolled by replacement therapy. Option for removal. 2, 3. Not applicable.	1,2.Exceptions and limited tours will require a narrative summary of treatment and current evaluation by a qualified specialist in thyroid disease. 3.Thyroid nodule may be correctable condition. Reapplication must be accompanied by a narrative summary of treatment, including pathology findings, if applicable.
Adrenal gland malfunction	Malfunction of adrenal gland or history thereof including Cushing's syndrome, Addison's disease, aldosteronism, pheochromocytoma (unless surgically removed and without signs or symptoms of activity for 2 yrs)	Not applicable unless diagnosis is questionable and a period of observation is indicated.	Questionable cases will require a thorough evaluation by a qualified endocrinologist and a narrative summary of past diagnostic and treatment procedures.
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ENDOCRINE AND METABOLIC

VII.

VII. ENDOCRINE ANI	ENDOCRINE AND METABOLIC (continued)		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(D) Diabetes mellitus and other diseases of the pancreas	1.Diabetes mellitus is disqual- ifying, regardless of clinical severity. 2.Chronic or recurring pancreatitis. 3.Pancreatectomy.	1. Individuals with blood glucose controlled by diet alone may be given limited tours with option for removal of limitation provided there is no evidence of complications or other risk factors. 2,3.Not applicable.	l.Individuals with glycosuria or elevated blood glucose must have a fasting and 2-hour blood glucose measurement and, if indicated, a complete glucose tolerance test or measures indicative of insulin levels.
(E) Hypoglycemia	1.Fasting or organic hypogly- cemia, regardless of cause. (see "Remarks") 2.Functional or reactive hypo- glycemia, symptomatic and not responding to treatment.	1.Not applicable. 2.Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension.	1.Any individual with a fasting blood sugar below 50 mg% must have an evaluation by a qualified specialist to determine cause of hypoglycemia.
(F) Parathyroid disease	1. Hypoparathyroidism. 2. Hypoparathyroidism.	1. Hyperparathyroidism, surgically treated, if no renal or bone complications are present and if calcium metabolism is normal. Option for removal of restriction after 2 yrs. 2. Hypoparathyroidism, surgical, if controlled and asymptomatic and the underlying reason for surgery is not otherwise disqualifying.	Consideration for limited tour will require a narrative summary from treating physician(s) and a current evaluation, including objective values of pertinent studies.
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VII. ENDOCRINE AND METABOLIC	METABOLIC (continued)		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Gout, hyperuricemia	Gout, primary or secondary.	Individuals with past history of acute attacks of gout, if controlled and without tophi, bone or kidney damage and those with asymptomatic hyperuricemia may be granted limited tours with option for removal of restriction.	Consideration for limited tours will require a current evaluation by a qualified internist.
(H) Porphyrias	Presence or history of the porphyrias.	Limited tours may be considered for certain types on a case-by-case basis.	Consideration for limited tours will require current evaluation by a qualified specialist.
(I) Other inborn errors of metabolism (amino-acidurias, hepato-lenticular degeneration, other enzyme deficiencies)	Decision of acceptability for limited or unlimited appointment determined on a case-by-case basis. Narrative summary from attending physician(s) and a current evaluation by a qualified specialist will be required.		(See "Cause for Rejection")
(J) Obesity	Weight above 20% of acceptance limits (see attached tables).	Limited tours may be granted regardless of weight if otherwise qualified.	Limitation may be removed upon achieving acceptable weight. Must submit statement by physician attesting to current weight.

VII. ENDOCRINE AND	ENDOCRINE AND METABOLIC (continued)		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(K) Underweight	Weight below acceptable limits (see attached tables) if weight loss has been recent or accompanied by other signs or symptoms of nutritional deficiency or other chronic physical or mental conditions.		Those underweight must be carefully questioned regarding history of recent weight experience, diet, past medical history, etc., to rule out underlying disease states. Such information should be submitted with application physical.
	,		

SYSTEM	
CENTTOTIRINARY	

Cause for Rejection of Unlimited Appointment Limited Tour Criteria	1.Acute glomerulonephritis or history thereof except in childhood and without sequelae for a period of 5 years. 2.Subacute or chronic glomerulonephritis regardless of cause. 3.Limited tour with option nephrosis without sequelae for a nephritis regardless of cause (lipoid) nephrosis in childness of cause of chronic pyelonephritis until cured without sequelae. 4.Acute pyelonephritis or repeated episodes of acute pyelonephritis.	1.Polycystic kidney. 2.Norseshoe kidney. 3.Limited tours may be considered on a case-abnormalities resulting in, or likely to result in, impaired to the kidney, with signs of, or risk factors for, involvement of other kidney, with signs of, or risk factors for, or risk factors for, or risk factors for, or reterostomy, ureterostomy, ureterostomy. 1.2.Not applicable. 3.Limited tours may be current evaluation by a current evaluation by a current evaluation by a current evaluation by a current evaluation by equired before consideration. 4.Absence of one kidney, with kidney. 5.Neptrostomy, ureterocolostomy, ureterostomy. 6.Kidney transplant. 2.6.Not applicable. 3.4.A narrative summary from a case-acurrent evaluation by a current evaluation by a current evaluation by experience or sideralist will acure to side one sideralist time of least 6 months) must have elapsed subsequent to surgurate transplant. 6.Kidney transplant.
Condition	(A) Infectious or l.Ac inflammatory chidiseases of for high foot chidiseases of sidney 2.Su ne 3.Ne the foot chidiseases of chidiseases of sidney con current foot con con foot chidiseases of the foot con con foot con foot chidiseases of the foot con con foot con f	(B) Congenital 1.Po and acquired 2.Hu abnormalities 3.0ti of the kidney, 11i ureters further sin 5.Ne urr

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) Renal calculus	Presence of renal calculus or nistory of recurrent renal calculi.	Limited tours may be granted for observational purposes in cases of recurrent calculiticurrent IVP is normal. A unilateral, asymptomatic renal calculus may be acceptable for limited tours.	In cases considered for limited tours, a narrative summary of past treatment and a current evaluation by a qualified specialist will be required, including pertinent x-ray and laboratory findings.
(D) Other kidney diseases or abnormalities	1.Arteriolar nephrosclerosis or other renal manifestations of systemic disease. 2.Persistent albuminuria except in cases where a thorough evaluation has been performed and condition is apparently benign (e.g., orthostatic albuminuria). 3.Pyuria (over 4 WBCs/hpf if in centrifuged, clean catch specimen). 4.Hematuria (over 2 RBCs/hpf if in centrifuged, clean catch specimen). 5.Elevated BUN, creatinine, or significantly decreased creatinine clearance.	1,5. Not applicable. 2,3,4.Limited tours may be granted for a period of observation in cases of apparent benign albuminuria or microscopic hematuria.	2,3,4.A repeat urinalysis should be performed in all cases of abnormalities. If abnormality persists, applicant should be encouraged to obtain consultation. Conditions may be correctable. Reapplication must include a narrative summary from treating physician and a current evaluation, including studies of renal function.
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VIII. GENITOURINARY SYSTEM (continued)

Remarks	2.Individuals with history of cystitis (recurrent cystitis in females) must present narrative summary of diagnosis and treatment from attending physician(s) including results of recent culture and special studies if indicated.	1,3.A narrative summary from treating physicians and a current evaluation by a qualified specialist will be required. 2.May be a correctable condition. Reconsideration may be given after 6 months post-correction.	23
Limited Tour Criteria	1.Limited tours may be granted in cases not regularly incapacitated or requiring medical supervision. 2.In cases of cystitis, limited tours may be granted to permit a period of observation to rule out chronicity.	1.Limited tours may be granted on a case-by- case basis for a period of observation. 2.Limited tours may be granted if mild and non- progressive, with or without option. 3.Mild cases of asymptom- atic, nonprogressive hydronephrosis may be eligible for limited tours, with or without	
Cause for Rejection of Unlimited Appointment	1. Urinary incontinence or retention regardless of cause. 2. Cystitis a. In males: Presence or history of, unless underlying cause is known and corrected and without sequelae for 3 months. b. In females: Presence or history of recurrent episodes unless underlying cause is known and corrected and without sequelae for 1 year. 3. Cystectomy or cystoplasty if persistent residual urine or infection recurs.	1.Any urinary tract obstruction until relieved and without significant residual. 2.Ureteral or urethral stenosis regardless of cause. 3.Hydronephrosis, unless relieved and without significant residual for 12 months.	
Condition	(E) Abnormalities of the bladder	(F) Obstructive uropathies	

VIII. GENITOURINARY SYSTEM (continued)

VIII. GENITOURINARY	SYSTEM (continued)		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Male genital abnormalities	1. Prostatic hypertrophy greater than 1+ or with signs or symptoms of urinary obstruction. 2. Chronic prostatitis if complicated by signs and symptoms of urinary retention. 3. Acute urethritis, epididymitis, orchitis, or prostatitis until cured and without sequelae. 4. Hydrocele, if symptomatic. 5. Hypospadias if associated with recurrent G-U infections.	1.Limited tours may be granted in cases of benign prostatic hypertrophy of greater than 1+, if asymptomatic. 2.Limited tours may be granted on case-by-case basis. 3,4,5.Not applicable.	2,4.May be correctable conditions.
(H) Menstrual disturbances	1. Dysmenorrhea regularly causing lost working days or requiring narcotics for control. 2. Menorrhagia. 3. Metrorrhagia. 4. Primary or secondary amenorrhea.	1,2,3,4.Limited tour may be granted for observation if thorough examination has been performed and no organic basis for condition is found.	Limited tours will require summary of treating physicians and a current evaluation by a gynecologist. Option for removal after 2 years of observation.
(I) Pregnancy	Not disqualifying, if uncomplicated pregnancy.	Not applicable.	Report of obstetrician required.
(J) Infections of female genitalia	Cervicitis, vulvitis, or vaginitis, severe, until cured or controlled.	Not applicable.	Report of treatment and current evaluation will be required before reconsideration.
			24

(continued)
SYSTEM
GENITOURINARY
VIII.

Remarks	In questionable cases of a disqualifying condition, consideration will require a narrative summary of previous medical care and a current evaluation by a gynecologist.	Consideration of question- ably disqualifying condi- tions will require a current evaluation by a gynecologist. Ovarian cyst may be correct- able condition. Summary of treatment must accompany reapplication. Uncompli- cated Stein-Leventhal syn- drome is not considered disqualifying.	25
Limited Tour Criteria	1.Limited tours may be granted in individual cases of asymptomatic fibroids not meeting the standard. 2.Limited tours with option may be granted on case- by-case basis if disease does not regularly cause lost work time. 3,4,5,6.Not Applicable.	Not applicable	
Cause for Rejection of Unlimited Appointment	1. Fibromyomas, except for small (less than 3 cm) subserous tumors which are asymptomatic. 2. Endometriosis, if symptomatic. 3. Grades III or IV Pap smears. 4. Acute or chronic salpingitis until adequately treated. 5. Hysterectomy, oophorectomy only if underlying cause is disqualifying. 6. Enlargement of uterus, unless underlying cause is known and is not disqualifying.	1.Ovarian cyst or enlargement, persistent, and considered clinically significant. 2.Virilism until cause is known, corrected, or considered benign. 3.Incapacitating menopausal syndrome, physiologic or surgical.	
Condition	(K) Abnormalitles of uterus Endometriosis	of ovaries Menopausal syndrome	

IX. LUNGS AND CHEST WALL	WALL		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Infectious diseases of lungs	1.All infectious diseases until cured and without clinically significant sequelae. 2.Tuberculosis, unless adequately treated and inactive for preceding 2 years and without cavitation or significant decrement in pulmonary function. 3.Active fungal infections.	1,3.Not applicable. 2.Limited tours may be granted to those inactive for one year, regardless of whether treatment has been completed, if no significant functional limitations are present and prognosis is considered good.	1. Those with evidence of infectious disease at time of examination must be reexamined to assure resolution of disease. 2. Those with history of tuberculosis must submit narrative summary of treatment and current evaluation by a qualified specialist.
(B) Bronchiectasis	Presence or history of bronchiectasis, regardless of cause, unless localized and surgically treated at least 2 years preceding and without signs or symptoms of recurrent infections or significant decrement in pulmonary function.	Individuals with proven localized bronchiectasis which does not require frequent outpatient or hospital treatment or loss from work may be granted limited tours without option.	Limited tours will require a current evaluation by a qualified specialist, including post-surgical bronchogram and pulmonary function tests. Option for removal of restrictions.
(C) Atelectasis	Presence of atelectasis, until cause is determined, successfully treated, and is found to be otherwise not disqualifying.	Not applicable.	Questionable cases will require a current evaluation by a qualified specialist.
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Remarks	Current evaluation by a qualified specialist required for consideration of limited tour.	Limited tours will require a current evaluation by a qualified specialist. Option for removal of restriction.	Those with history of recent pleurisy or pleural effusion which may not be disqualifying will require a narrative summary by the treating physician and a current evaluation by a qualified specialist before a decision is rendered.
. Limited Tour Criteria	Limited tours may be granted on case-by-case basis if a period of observation is indicated.	l.Cases of recurrent pneumo- thorax may be granted lim- ited tours on an individual basis if treated surgically and with no recurrence for at least two years. 2.Limited tours with option may be granted if less than 12 months on case-by-case basis. 3.Cystic disease proven to be limited to one lobe may be acceptable for limited tour with or without	1.Not applicable. 2.Cases of pleural effusion occurring at least 12 months prior to examination may be given limited tours if adequate exam reveals no underlying disqualifying cause.
Cause for Rejection of Unlimited Appointment	History of thromboembolism, unless determined to be an isolated incidence without current known risk factors or anticoagulant therapy.	l.Presence or history of recurrent spontaneous pneumo- thorax, regardless of cause. 2.A recent episode of spontaneous pneumothorax (within 12 months). 3.Cystic disease of lung.	1.Dry or fibrinous pleurisy until cured, without significant sequelae and the underlying cause is not otherwise disqualifying. 2.Presence of hemothorax, pleural effusion, bronchopleural fistula, or fibrothorax, regardless of cause, or history of pleural effusion unless the underlying cause is known and is otherwise not disqualifying.
Condition	(D) Pulmonary thrombo- embolism	(E) Pneumothorax	(F) Pleurisy and pleural effusion, fibrothorax

(continued)
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Remarks	Those with history of short- ness of breath, wheezing, chronic cough with sputum, or other suggestive signs or symptoms must have an FEV 1-second and an FVC and chest x-ray.	In cases where the exception may apply, a narrative summary from the treating physician(s) must be submitted along with a current evaluation by a qualified specialist, including recent pulmonary function tests and chest x-ray.	Individuals with evidence of pulmonary fibrosis must have a current evaluation by a qualified specialist, including pulmonary function studies.	28
Limited Tour Criteria	l,2.Limited tours without option may be granted in mild cases on a case-by-case basis.	Limited tour with option may be granted if observa- tion is indicated before qualifying for career service. Limited tours without option may be granted if attacks are controlled by oral medication (non-steroid) and only mild emphysema or other pulmonary func- tion abnormalities.	1,2.Limited tours with or without option may be granted on case-by-case basis if mild exertion does not produce dyspnea and disease is not likely to progress.	
Cause for Rejection of Unlimited Appointment	1. Presence of chronic obstructive pulmonary disease. 2. Abnormal pulmonary function studies indicating airways obstruction (FEV 1-second/FVC-below 75%).	Onset, or continuation of, extrinsic asthma after 16 years of age unless attacks are infrequent and have been controlled without hospitalization or use of steroids. Persistent intrinsic asthma, and extrinsic asthma, with signs of significant emphysema, or persistently abnormal pulmonary function tests, are disqualifying for career service.	1. Presence of pulmonary fibrosis which results in abnormal pulmo- nary function or is a result of an otherwise disqualifying condition. 2. Pheumoconiosis, if more than minimal or likely to be progressive.	
Condition	(G) Chronic obstructive pulmonary disease	(H) Bronchial asthma	(I) Pulmonary fibrosis	P

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LUNGS
IX.

Remarks	Consideration of individuals with abnormal pulmonary findings will require a current evaluation by a qualified chest specialist.	Questionable cases must have a current evaluation by a qualified specialist.	In questionable cases, narrative summary of past medical care and a current evaluation by a qualified specialist will be required.
Limited Tour Criteria	2.Limited tours may be granted in cases where further observation is indicated. 1.Not applicable.	Not applicable	1,2,3.Limited tours may be granted in cases of questionable significance.
Cause for Rejection of Unlimited Appointment	1.X-ray or other clinical evidence of pulmonary or hilar pathology unless cause is known and is otherwise not disqualifying. 2.Lobectomy, pneumonectomy, regardless of cause, if pulmonary function tests reveal more than mild impairment.	Any congenital or acquired mal- formation or deformity inter- fering with cardiopulmonary functions.	1.Gynecomastía, unless the cause is known and is otherwise not disqualifying. 2.Tumors of the breast, unless a diagnosis of a benign condition has been made based on a biopsy or sequential clinical examination by qualified surgeons. 3.Galactorrhea, unless adequate studies appear to rule out a significant pathologic cause.
Condition	(J) Other conditions of lungs and bronchi	(K) Abnormalities of chest wall	(L) Diseases of the breast

Condition Unlimited Appointment Coronary I.History of myocardial disease of myocardial infarction or Not applicable unless artery 2.Electrocardiographic evidence of myocardial infarction or ischemia. 3.History of angina pectoris or infarction Onlimited Appointment Limited Tour Criteria Remarks In questionable cases, a medical summary and current evaluation by a cardiologist will be required, including copies of pertinent cardiorischemia. S.History of angina pectoris or infarction Onlimited Appointment Remarks Remarks In questionable cases, a medical summary and current evaluation by a cardiologist will be required, including copies of pertinent cardiorischemia. S.History of angina pectoris or infarction Onlimited Appointment In questionable cases, a medical summary and current evaluation by a cardiologist will be required, including copies of pertinent cardiorischemia. S.History of angina pectoris or infarction Onlimited Appointment In questionable cases, a medical summary and current evaluation by a cardiologist will be required, including copies of pertinent cardiorischemia.	itis, l'History, or finding of condities, tions listed, regardless of cause ditis, tions listed, regardless of cause granted after 6 months if except in cases of history of granted after 6 months if except in cases of history of granted after 6 months if except in cases of history of sassociated with acute infections or toxicity, with no residuals residual effects. 2. History of rheumatic fever with carditis unless only one episode carditis unless only one episode within past 2 yrs and no carditis unless only one episode within past 2 yrs and no sequelae.	ia, 1. tra- 2. tra- eats)	

	Remarks	Careful history and ECG must be obtained to identify those with Wolff-Parkinson-White syndrome and other underlying heart disease.	Exceptions will require a summary from treating physicians and a current evaluation by a cardiologist.		2.In cases of RBBB, evalua- tion by qualified cardi- ologist is required.			31
	Limited Tour Criteria	Limited tours may be considered on a case-by-case basis for observational purposes. Those controlled on medication may be granted limited tours with or without option.	See X (C) above.	1.Limited tours may be granted in questionable cases. 2.In cases of Wenckebach phenomenon, limited tours may be granted if not associated with underlying heart disease. 3.Not applicable.	Not applicable.	Not applicable.		
ontinued)	Cause for Rejection of Unlimited Appointment	Disqualifying if frequent attacks occur, medication is required for control, or if associated with underlying heart disease.	History or finding of listed conditions, except in cases where cause is known, is not recurrent, and is not associated with other signs of heart disease.	1. First degree block if associated with organic heart disease. 2. Findings of second or third degree blocks. 3. Use of pacemaker.	1.Left bundle branch block. 2.Right bundle branch block if organic heart disease is suspected.	History or findings of congestive heart failure regardless of cause.		
X. CARDIOVASCULAR (continued)	Condition	(C) (continued) 3.Paroxysmal atrial tachycardia	4.Atrial fibrillation, flutter, ventricular tachycardia	(D) Heart blocks 1.A-V block	2.Bundle branch block	(E) Heart failure		

	Remarks	1,2,4.Evaluation by a qualified cardiologist required for limited tours. 1,2,4.Option for removal of limitation after 3 years of observation. 1.Prolapsing mitral valve (click murmur syndrome) not disqualifying unless associated with marked arrhythmias and chest pain.	32
	Limited Tour Criteria	1,2.Limited toucs without option may be granted on a case-by-case basis if short-term prognosis is considered to be good. 3.Not applicable. 4.Systolic murmurs in which a questionable organic basis exists.	
(continued)	Cause for Rejection of Unlimited Appointment	1.Valvular or septal defects, congenital or acquired, unless thorough evaluation indicates a condition considered benign. 2.Surgical treatment for valvular or septal defects, except for conditions corrected in child-hood and known to have a good prognosis. 3.Diastolic murmurs, regardless of cause. 4.Systolic murmurs associated with other signs of heart disease.	
X. CARDIOVASCULAR (Condition	disease Septal defects including idiopathic hypertrophic subaortic stenosis	

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	Remarks	Individuals considered for limited tours must have: 1.Repeat blood pressures (at least 3 at rest, sitting), the average of which must be below 150/90. Option for removal of limitation if normotensive at end of limited tour (either with or without medication). 2,3.A hypertensive work-up including an ECG, funduscopic examination, urinallysis with microscopic, and such other studies if indicated to rule out secondary hypertension.	1,3,4.Consideration for limited tour requires a current evaluation of periphereal vascular integrity. Option for removal of limitation.
(continued)	Limited Tour Criteria	nay be granted for diastolic pressures only occasionally over 90 and never above 100 without medication, if physical evaluation is otherwise negative. 2. Limited tours without option may be granted for cases with past history of severe hypertension, but never over 200/120, if currently controlled on medication to levels below diastolic of 100 and without significant signs of heart, kidney, eye, or other organ effects. 3. Those with history of mild hypertension (diastolics never above 105) controlled on medication to below 90 diastolic, and without secondary findings, may be given limited tours with option.	1.Limited tours with or with- out option may be granted in cases without symptoms of claudication or skin changes. 3.Limited tours may be per- mitted in questionable or mild cases for a period of observation. 4.Limited tours without option may be granted on case-by- case basis. 2.Not applicable.
	Cause for Rejection of Unlimited Appointment	1.Sitting blood pressure above 90 diastolic or 150 systolic. 2.On medication for hypertension, regardless of current blood pressure readings.	1.Arteriosclerotic disease of peripheral arteries. 2.Thromboangiitis obliterans (Buerger's disease). 3.Raynaud's disease, if more than mild. 4.Surgical treatment of any of the above.
A. CARDIOVASCULAR (Condition	(G) Hypertension	(H) Peripheral arterial disease

	Remarks	Varicose veins may be a correctable condition. Reapplication must include narrative summary and current evaluation.	1,2.Questionable cases require current evaluation by a qualified specialist, including results of special studies. 3.Those with history of congenital abnormalities must submit a narrative summary of past treatment and a current evaluation by a qualified specialist.	34
	Limited Tour Criteria	1.Limited tours may be granted in questionable cases if no signs of deep vein involvementedema, ulceration, discoloration of skin. 2,3,4.Not applicable.	1,2.Not applicable 3.Consideration on a case- by-case basis by PHS Medical Review Board.	•
(continued)	Cause for Rejection of Unlimited Appointment	1. Varicose veins, if severe and symptomatic. 2. Thrombophlebitis of other than superficial veins, within one year preceding, or with signs of postphlebitis syndrome. 3. Recurrent episodes of deep vein thrombophlebitis, regardless of cause. 4. Surgical treatment of above with persistent signs and symptoms of venous stasis.	1.Clinical evidence of atherosclerotic occlusive disease of major vessels. 2.Aneurysm, arteriovenous fistula, dilatation of aorta, regardless of cause. 3.Major congenital abnormalities of aorta, pulmonary artery, or other major vessels, unless satisfactorily corrected in childhood.	
X. CARDIOVASCULAR (c	Condition	(I) Peripheral venous disease (varicose veins, thrombophlebitis)	(J) Congenital or acquired lesions of aorta or major vessels	(0)

TISSUES
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XI.

Remarks	1.In borderline cases, repeat studies must be conducted. If anemia is confirmed, a consultation report from a qualified specialist must be submitted before further consideration will be given. 2.In those with history of anemia, a narrative summary of past diagnostic studies and treatment will be required in addition to a current evaluation by a qualified specialist.	Questionable cases will require a narrative summary of past treatment and a current evaluation by a qualified specialist.
. Limited Tour Criteria	1,2.Limited tours may be granted in questionably significant cases to permit a period of observation. 2a.Limited tours without option may be granted to cases of pernicious anemia in remission and without significant neurological findings. 2f.Limited tours may be granted in cases of asymptomatic thalassemia minor with option for removal of restrictions.	1.Not applicable. 2.Limited tours may be granted in questionable cases.
Cause for Rejection of Unlimited Appointment	1. Anemia, as defined, until corrected and underlying cause is not otherwise disqualifying. 2. History of anemia, regardless of present status, unless cause has been identified and corrected and a sufficient period of time has elapsed to assume permanent stability of blood picture. Generally, the following are disqualifying: a. Pernicious anemia. b. Recurrent iron, folic acid, or Vitamin C anemias unless underlying cause has been corrected. c. Bone marrow failure. d. Hereditary spherocytosis unless controlled by splenectomy. e. Immunohemolytic anemias. f. Hemoglobinopathies associated with anemia or other symptoms.	1.Polycythemia vera. 2.Erythrocytosis, if due to an underlying pathological cause.
Condition	MALE Hematocrit below 40% Hemoglobin below 14 gms RBCs below 4.5 M FEMALE Henatocrit below 36% Hemoglobin below 12 gms	(B) Polycythemia MALE Hematocrit above 54% FEMALE Hematocrit above 47%

XI. BLOOD AND BLOOD	BLOOD AND BLOOD FORMING TISSUES (continued)		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) Hemorrhagic disorders	1. Hemophilia, Von Willebrand's disease or other coagulation defects. 2. Chronic thrombocytopenia. 3. Presence or history of other bleeding tendencies until cause is determined and corrected.	1. Limited tours may be granted on case-by-case basis for those with mild Von Willebrand's disease or other coagulation defects considered benign. 2,3.Not applicable.	In questionable cases, a narrative summary from treating physician(s) and a current evaluation by a qualified specialist, including laboratory values, will be required. History of acute idiopathic thrombocytopenia in childhood, without evidence of chronicity after 3 yrs, is acceptable.
(D) Leukocytosis, absolute or relative, granulocytosis or lymphocytosis (count above 10,000 or with abnormal differential)	Disqualifying until cause is determined and corrected.	Limited tours may be granted if leukocytosis is border-line, and evidence exists that it has been present over a period of time without apparent pathological cause. Option for removal of restriction after 3 yrs.	Reapplication will require submission of narrative summary by treating physician and current WBC count. Limited tours will require narrative summary of diagnostic work-ups plus a current evaluation by a qualified specialist.
(E) Leukopenia (total count below 3,500), absolute neutropenia or lymphopenia.	Disqualifying until cause is determined and corrected.	Limited tours with option may be granted in cases where condition appears benign and a period of observation is indicated.	Reapplication or consider- ation for limited tour will require submission of narrative summary by physi- cian including current blood studies and bone marrow examination if indicated.
(F) Splenomegaly	Disqualifying until cause is known and remedied if indicated.	Not applicable.	Those with history of splen- omegaly must submit narrative summary of diagnosis and treatment.
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BONES	
XII.	

Remarks	1.Standards for range of motion are not set. How- ever, if an individual has a history or evidence of joint limitation, the fol- lowing must be submitted: a.Measurement of range of motion (see attached) b.Current x-ray reading c.Pertinent history	2,4.A current evaluation by orthopedist will be required in questionable cases or for limited tours.	37
Limited Tour Criteria	1,2.Limited tours may be granted if condition is stable and professional duties can be adequately and safely performed at a known duty station without requiring use of cane, crutch, or wheelchair. 3,4.Not applicable.	1,3,5.Not applicable. 2.Limited tours may be granted it disease is quiescent with no significant functional impairment. 4.Limited tours, with or without option, if bone involvement does not interfere with function and appears only slowly progressive and limited in involvement.	
Cause for Rejection of Unlimited Appointment	1.Loss of range of motion of a joint regardless of cause which either interferes with performance of professional duties, limits location or nature of assignment, or pre- disposes the individual to eventual disability. 2.Shortening of lower extrem- ities regardless of cause, resulting in a noticeable limp. 3.Inability to bear full weight on lower extremity. 4.Prosthetic replacement of	1. Achondroplastic dwarfism. 2. Dyschondroplasias with history of multiple osteochondromas. 3. Fibrous dysplasias. 4. Osteitis deformans. 5. Osteoporosis regardless of cause.	
Condition	(A) General- Range of motion, shortening of extremity, disturbance of gait	(b) General bone diseases	

	Remarks	See (B) above.	1,2,3,4.In questionable cases, submit current orthopedic evaluations, including results of current x-rays. 5.In all cases with history of knee derangements, the physician should examine for anterior-posterior and lateral stability, range of motion, and strength of quadricep muscle. Questionable cases should be evaluated by orthopedist. 6.An orthopedic consultation must be obtained in all cases of recurrent joint dislocation to determine current status and prognosis.	38
	Limited Tour Criteria	1,2,3.Limited tours may be granted on a case-by-base basis (see (A) above).	1,2,3,4,5.Limited tours with option may be granted on a case-by-case basis except in cases of non- or malunion of fractures affecting weight bearing or function. 6.Limited tours may be granted in questionable cases of stability or when post corrective period is less than 2 years.	
JOINTS OF EXTREMITIES (continued)	Cause for Rejection of Unlimited Appointment	1.Congenital dislocation of hip unless completely reduced without surgical intervention. 2.Clubfoot unless corrected without multiple surgical procedures. 3.Other congenital abnormalities interfering with	1.Fractures until healed with- out functional sequelae. 2.Non-union of fracture. 3.Malunion of fracture, causing pain or interfering with function. 4.Post surgical or traumatic ankylosis (see (A) above). 5.Internal derangement of knee with more than minimal anterior-posterior or lateral instability; recurrent locking; pain or swelling; or less than 6 months postoperative. 6.Recurrent dislocations of shoulder, ankle, or other joints, unless surgically corrected and stable for 2 years or more.	
XII. BONES AND JOIN	Condition	(C) Congenital diseases	and post traumatic conditions	0

Remarks	Any applicant with a history of chronic infections of bones or joints must provide a narrative summary from the treating physician(s). Current evaluation by an orthopedist is required, including x-rays, in questionable cases or if limited tours are to be considered.	2. Current x-ray readings, range of motion, and history of symptomatology must be submitted in questionable cases. 3. In all cases with history of joint diseases, if a question exists regarding limited tours, a narrative summary from the treating physician and a current evaluation by a qualified specialist will be required.
Limited Tour Criteria	1.Not applicable. 2,3.Limited tours may be granted on a case-by-case basis for osteomyelitis or infectious arthritis apparently controlled for 1 year without disabling sequelae.	1.Not applicable. 2.Limited tours may be granted in questionable cases. 3.Limited tours may be granted in rare instances, on a case-by-case basis, if the underlying disease is not otherwise disqualifying.
Cause for Rejection of Unlimited Appointment	1. Acute osteomyelitis until cured without sequelae. 2. Chronic osteomyelitis or history thereof in past 3 years. 3. Infectious arthritis until cured and without functional sequelae for period of 2 yrs.	history thereof. 2.Osteoarthritis or traumatic arthritis unless mild and without significant symptoms. 3.Presence or history of arthritic manifestations of systemic diseases, including connective tissue diseases, gout, psoriasis, etc.
Condition	(E) Infectious diseases	(F) Inflammatory joint diseases

BONES AND JOINTS OF EXTREMITIES (continued)

XII.

Remarks	1.All cases will require a current evaluation by an orthopedist, including current x-rays. 2.May be correctable condition.	A careful description of the amputation and functional status must be submitted for limited tour consideration.
Limited Tour Criteria	1. Limited tours may be granted in cases currently with adequate function. With or without option, according to long-term prognosis. 2,3. Limited tours on case-by-case basis if observation period is indicated.	Limited tours with option may be granted in the following cases: 1. Amputation of lower extremity if suitable prosthesis permits full performance without use of cane or crutch. 2. Other amputations, if a period of observation is indicated to determine ability to function with or without prosthetic devices.
Cause for Rejection of Unlimited Appointment	1. History of Legg-Calve-Perthes disease, slipped epiphysis of hip, and coxa vara, if residuals do, or are likely to, cause impairment of function. 2. Foot disorders, congenital or acquired, which due to pain or deformity interfere with gait or the wearing of shoes. 3. Chondromalacia or osteochondritis dissecans, if more than mild or interferes with function.	The loss of any extremity or part thereof which interferes with the performance of professional duties or acts of daily living, or requires prosthetic devices.
Condition	(G) Other abnormalities	(H) Amputations

BONES AND JOINTS OF EXTREMITIES (continued)

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Remarks	2,3,4.Consideration for limited tours will require a current evaluation by an orthopedist, including results of a current x-ray.	See (A) above.
Limited Tour Criteria	1,5.Not applicable. 2,3,4.Limited tours may be granted on a case-by-case basis if episodes of pain are infrequent, last episode has been one or more years previously, back brace is unnecessary, and no signs or symptoms of radicular involvement are present.	See (A)2,3,4 above.
Cause for Rejection of Unlimited Appointment	1.Acute back pain requiring intensive medical care or loss from work until asymptomatic for a period of 3 months and underlying cause is not otherwise disqualifying. 2.Chronic or recurrent low back pain, regardless of cause, which requires intensive treatment or loss of time from work. 3.Spondylolisthesis or spondylolisthesis or if associated with recurrent back pain or if greater than 10 regardless of past symptoms. 4.Sacralization of lumbar vertebrae or other bony abnormalities associated with recurring back pain. 5.Ankylosing spondylitis.	1.Intervertebral disc disease if associated with marked stiffness, chronic or re- curring back or neck pain, or neurological signs or symptoms. 2.Surgery for herniated disc within one year or if sig- nificant back or nerve root pain or neurological deficit recurs or persists.
Condition	chronic, or recurring low back pain	(B) Intervertebral disc disease

Remarks	See (A) above.		42
Limited Tour Criteria	Limited tours may be granted on a case-by-case basis.	Not applicable.	
Cause for Rejection of Unlimited Appointment	Structural or functional scoliosis or kyphoscoliosis which is obvious to the observer or is associated with chronic pain, limitation of activities, or cardiorespiratory effects.	Spina bifida, other than incidental spina bifida occulta, without evidence of meningeal or neural element involvement.	
Condition	(C) Scoliosis, kyphoscoliosis	(D) Spina bifida	

SPINE AND THORAX (continued)

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Remarks	Consideration for limited tours will require a narrative summary from physician, including any restrictions on activities recommended.	Limited tour cases will require a complete history of episodes, diagnostic work-ups, including EEG, and a current evaluation by a qualified specialist, including restrictions on activities.	Narrative summary by the treating physician will be required in questionable cases.	Questionable cases will require a narrative summary of past diagnostic and treatment procedures and a current evaluation by a qualified specialist.	43
Limited Tour Criteria	Limited tours may be granted in cases controlled by shunts on a case-by-case basis, without option.	Limited tours without option may be granted in cases completely controlled on relatively safe medication for a period of 3 years and the assignment duties are known and can be safely performed.	Limited tours may be granted in questionable cases or those adequately controlled on medication.	Not applicable.	
Cause for Rejection of Unlimited Appointment	Disqualifying regardless of cause.	History of epilepsy or seizures regardless of type (except for febrile episodes in infancy or if associated with toxic agents or other self-limiting etiology).	Episodes of uncontrollable and inappropriate sleep.	History of stroke, transient ischemic attacks, hemorrhage, or other manifestations of vascular insufficiency or obstruction of blood supply to the brain.	
Condition	(A) Hydrocephalus	(B) Epilepsy	(C) Narcolepsy	(D) Cerebro- vascular abnormalities	

XIV. NEUROMUSCULAR (continued)	(continued)		
Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(E) Degenerative disorders of brain and spinal cord	1.Multiple sclerosis and other progressive demyelinating diseases. 2.Parkinsonism. 3.Amyotrophic lateral sclerosis, syringomyelia, and other progressive spinal cord diseases. 4.Cerebellar degenerative diseases of any type.	Not applicable.	
(F) Abnormalities of muscles	1.Progressive muscular atrophies or dystrophies, regardless of cause. 2.Myoglobinuria myopathies. 3.Periodic paralysis. 4.Myasthenia gravis.	1,2.Not applicable. 3.Limited tours for observation may be granted on a case-by-case basis if diagnosis is questionable or no episodes of paralysis have occurred in the past 2 years. 4.Cases of ocular myasthenia gravis, well controlled and nonprogressive, may be granted limited tours.	In questionable cases or limited tour consideration, a narrative summary from the treating physician and a current evaluation by a neurologist will be required.
(G) Muscle paralysis	Paralysis, regardless of cause, which interferes with the performance of professional duties or acts of daily living, including more than mild gait disturbances, significant loss of range of motion of upper extremities, and facial nerve paralysis.	Limited tours may be granted in cases in which the underlying cause is known to be nonprogressive and with evidence that professional duties and acts of daily living can be adequately performed without use of crutches, cane, or wheelchair, or other elaborate mechanical devices.	All cases of paralysis will require a thorough documentation of cause, functional restrictions, and prognosis by a qualified specialist.
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Remarks	See (F) above.	See (F) above.	
Limited Tour Criteria	Limited tours may be granted in questionable cases for a period of observation with option for removal of restriction.	Limited tours may be granted on a case-by-case basis.	
Cause for Rejection of Unlimited Appointment	Neuritis or other neuropathies causing severe pain, anesthesia or paresthesia, muscular weakness or proprioceptive sensory disturbances, regardless of underlying cause.	Tics, tremors, chorea, ataxia, speech disturbances, and other signs or symptoms of neuromuscular disease until cause is known, is considered non-progressive, and does not interfere significantly with ability to function.	
Condition	(H) Abnormalities of peripheral nerves	(I) Other	

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Condition	Cause for Rejection of Unlimited Appointment	. Limited Tour Criteria	Remarks
(A) Adult atopic dermatitis (eczema)	If more than mild, or with history of recurrent exacerbations requiring systemic steroid therapy for control.	Limited tours may be granted for observation with option for extension.	In all cases, a detailed history including family history, past history of extent of involvement, treatment, or known aggravating factors, and current status will be required.
(B) Contact dermatitis	Presence, or history of, if more than mild and due to contactants which cannot be avoided in performance of professional duties.	See (A) above.	Narrative summary of past medical care will be required along with a current evaluation by a dermatologist.
(C) Dyshidrosis or other dermatoses of hands and feet	Chronic, recalcitrant cases which interfere with the performance of professional duties, regardless of cause.	See (A) above.	See (B) above.
(D) Discoid lupus erythematosis	If associated with marked disfigurement or systemic involvement.	See (A) above.	See (B) above.
(E) Psoriasis	If extensive, with history of frequent exacerbations requiring more than local therapy, or if associated with arthritis.	See (A) above.	See (A) above.
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Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(F) Bullous eruption	1. Pemphigus or pemphigoid. 2. Presence or history of other bullous eruptions until cause is known, is not chronic or recurring, and no skin manifestations have been present for 6 months or more.	Not applicable.	2.Questionable cases will require a narrative summary and current evaluation by the treating physician(s).
(G) Infectious diseases of skin	1.Hidradenitis suppurativa if chronic or recurrent. 2.Other infectious diseases of the skin, unless mild and amenable to treatment or until cured and without sequelae.	See (A) above.	See (B) above.
(H) Skin mani- festations of systemic disease	Any skin condition which is known to be, or is commonly associated with, systemic disease unless underlying cause is known and not disease tythema multiforme, erythema nodosum, panniculitis, purpura, petechia, etc.).	See (A) above.	See (A) above.
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XV.

TUMORS
OTHER
AND
MALIGNANCIES
XVI.

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Tumors	1.Any tumor present at time of examination unless by history and medical examination such tumor is benign and does not, nor is likely to, interfere with function or be associated with other systemic abnormalities. 2.Presence or history of malignant tumors (other than non-recurrent basal cell epitheliomas of the skin) unless sufficient time has elapsed without evidence of recurrence to assume a "cure" has occurred. Such decision will be made by PHS Medical Review Board.	Limited tours may be granted on a case-by-case basis.	1. Tumors of unknown type or significance will be considered disqualifying until removed or biopsied and pertinent surgical and pathological reports indi- cate the standard is met, and sufficient time has elapsed to assume no sequelae incident to the surgical procedure. 2. A narrative summary of all treatment, pertinent pathology reports, and a current medical evaluation will be required for presentation to the PHS Medical Review Board. Generally, a period of 5 years post-treatment will be considered "sufficient time" for the purpose of considering an applicant.
			67

CONDITIONS
OTHER
AND
DISEASES
SYSTEMIC
XVII.

Remarks	In questionable cases, a narrative summary of all diagnostic and treatment procedures and a current evaluation by a qualified specialist will be required. Current evaluation must include appropriate laboratory and other diagnostic tests.	See (A) above.	See (A) above	20
. Limited Tour Criteria	Not applicable in proven cases.	See (A) above.	See (A) above.	
Cause for Rejection of Unlimited Appointment	Presence or history of: 1.Lupus erythematosis 2.Scleroderma 3.Polyarteritis nodosa 4.Dermatomyositis	1.Any acute infectious disease (other than mild, self-limited diseases) until cured and without sequelae. 2.Chronic systemic infectious diseases, including systemic fungus diseases, leprosy, tuberculosis, tertiary syphilis, parasitism, brucellosis, etc.	1. Individuals on immunosup- pressive drugs (including steroids). 2. Hereditary or acquired defects of immune response to infections. 3. Severe atopia with reactions to antigens which are severe and such antigens cannot be easily avoided. 4. Autoimmune diseases, not otherwise covered by stan- dards, which require med- ical supervision and/or treatment.	
Condition	(A) Collagen diseases	(B) Infectious diseases	abnormalities	

Remarks	See (A) above.	
Limited Tour Criteria	1,4.Not applicable. 2,3.Limited tours may be granted if a period of observation is indicated.	
Cause for Rejection of Unlimited Appointment	1. Marfan's syndrome. 2. Sarcoidosis, unless currently asymptomatic, a period of one year has elapsed since diagnosis, lesions have remained stable or regressed, eye or multiple organs have not been involved, and pulmonary function is not significantly affected. 3. Reiter's syndrome until one year has elapsed without signs or symptoms of the disease. 4. Post surgical cases, regardless of operative procedure until such time as post surgical complications are not likely to occur and healing has progressed sat-	is otherwise not disqualifying.
Condition	(D) Other	

XVII. SYSTEMIC DISEASES AND OTHER CONDITIONS (continued)

SNOILIGNO
0
PSYCHIATRIC
XVIII.

Remarks	(A),(B),(C),(D).All cases with a history or other evidence of one of the conditions listed must submit a narrative summary from all treating physicians and a	(7)			. 52
Limited Tour Criteria	Not applicable.	1,2,3.Limited tours may be granted on a case-by-case basis.	1,2.See (B).	Not applicable.	
Cause for Rejection of Unlimited Appointment	History of psychosis regard- less of type (unless assoc- iated with acute, self- limited infectious or toxic illness).	Any psychoneurotic illness which: 1. Is currently under treat- ment or has been in the past 12 months. 2. Has required hospitalization. 3. Is cause for repeated periods of poor work performance or social inadaptability.	1. Drug dependency or alcoholism. 2. Documented evidence of repeated episodes of antisocial or inappropriate behavior which has or can be expected to interfere with professional and official duties.	Disqualifying, regardless of cause.	
Condition	(A) Psychosis	(B) Psychoneurosis and other mental illness	(C) Personality disorders	(D) Chronic brain syndrome	

Height (inches)	18-20	years	21-25	years	26-30	years	31-35	years	36-40	years	77-45	years	46-50 >	years	51-64	years
	Min	Max	Min	Мах	Min	Max	Mfa	Мах	Min	Мах	Mfn	Max	Min	Max	Min	Мах
09	105	971	108	150	110	153	112	157	112	160	112	164	112	166	112	169
61	107	149	110	153	112	155	115	159	115	163	115	166	115	169	115	171
62	109	151	112	155	113	158	118	191	118	165	118	169	118	171	118	174
63	111	155	113	159	115	160	121	164	121	168	121	171	121	174	121	176
9	113	159	115	160	118	164	124	168	124	171	124	175	124	178	124	180
65	115	163	119	165	121	169	127	173	127	176	127	180	127	183	127	185
99	117	166	122	170	125	174	130	178	130	181	130	185	130	188	130	190
	121	171	126	175	129	179	133	183	133	186	133	190	133	193	133	195
68	125	176	130	180	132	184	137	188	137	191	137	195	137	198	137	200
69	129	181	133	185	136	189	141	193	171	196	141	200	141	203	141	205
70	133	186	137	190	139	194	145	198	145	201	145	205	145	208	145	210
	137	191	140	195	143	199	149	203	149	206	149	210	149	213	149	215
TY 2. severe are to the me an area on the territories and	141	196	145	201	148	205	152	209	152	213	152	216	152	219	152	221
73	145	201	149	208	152	211	156	215	156	219	156	223	156	225	156	228
7 4 as an one on on one on one on one on one	149	206	154	214	157	218	159	221	159	225	159	229	159	231	159	234
75	153	211	158	220	161	224	163	228	163	231	163	235	163	238	163	240
76	157	216	163	226	166	230	167	234	167	238	167	241	167	244	167	246
77	191	221	167	232	170	236	171	240	171	244	171	248	171	250	171	253
78	165	226	172	239	175	242	175	246	175	250	175	254	173	256	175	259

TABLE I - Table of Acceptable Weight as Related to Age and Weight for Males

Height (inches)	18-29	years	30-40 years	years	41-50	years
	Min	Max	Min	Max	Min	Max
28	06	124	95	129	100	135
59	93	127	86	132	103	138
09	96	130	101	135	106	141
61	66	133	104	138	109	144
62	102	136	107	141	112	148
63	105	139	110	144	115	152
79	109	142	113	148	118	156
65	112	145	116	152	122	160
99	115	149	120	156	126	164
	119	153	124	160	130	168
89	122	157	127	164	134	172
69	125	161	130	168	138	176
70	128	165	133	172	142	180
71	131	169	136	176	146	184
72	135	173	140	180	150	188

TABLE II - Table of Acceptable Weight as Related to Age and Height for Females

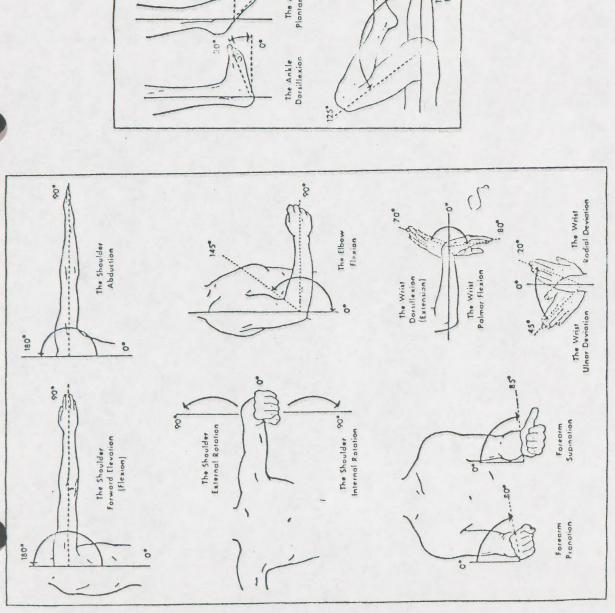


Table III - Range of Motion

Figure 1

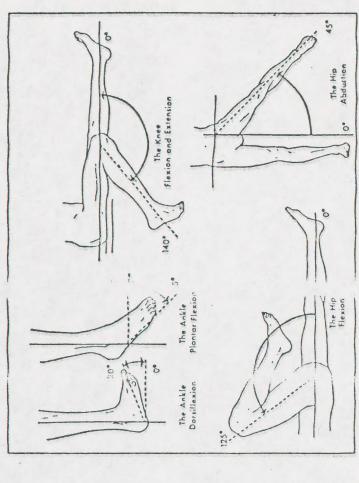


Figure 2

